GYN & GYN/ONC Pre Surgery orders

Patient Name: ___________________________
Date of Birth: _______________________
Surgery confirmation #: _______________________

Fax to (513) 585-0169

Surgeon name: ___________________________
Phone: ___________________________
Fax: ___________________________

Procedure name: ___________________________

WEIGHT (kg): ___________________________
ALLERGIES: ___________________________

☐ General/MAC/Regional Anesthesia ☐ Pre Admission Testing/Same Day Surgery RN to check if below criteria is met

☐ ECG required - within 6 months of surgery if:
Diagnosis of: CAD, arrhythmia, CHF, CRF, arterial vascular disease, pulmonary disease (except asthma), or DM

☐ PT/INR day of surgery required – if no documented INR of 1.1 or less within 48 hours of surgery if on Warfarin in the last 30 days

☐ POCT Glucose day of surgery required – if diabetic, if blood glucose is less than 71 mg/dL (or less than 100mg/dL and symptomatic) or if greater than or equal to 180 mg/dL, initiate Preop Diabetes/Glycemic Control Order Set and Notify Anesthesia

Potassium day of surgery required – if: 1) On dialysis or 2) Diagnosis of renal failure (not renal insufficiency or working transplant)

IV: Insert Peripheral IV day of surgery (and saline lock if needed per anesthesia)
Normal Saline @ 125 ml/hr (1000 ml bag) unless diagnosed with CRF then @ 50 ml/hr
☐ Other IV ___________________________

☐ Local Anesthesia

☒ Urine pregnancy (Beta HCG if unable to void) on day of surgery, unless patient has negative serum pregnancy test within 7 days of surgery – required for all GYN patients with no history of hysterectomy and:
1) 11-55 years 2) Less than 11 years and has begun menses or 3) Greater than 55 years and less than one year post-menopausal

Pre-operative consultation to evaluate for risk factors prior to surgery
☐ per PCP, may use hospitalists if not available ☐ per hospitalist ☐ per surgeon: date ___________

☐ Request for anesthesia to provide postoperative advanced pain management.

Nursing:
☒ 2% Chlorhexidine Gluconate wash cloths to operative site-abdominal cases
☐ Anesthesia to place triple lumen catheter ☐ ICU bed post op

Laboratory tests:
☐ CBC ☐ PT/INR ☐ PTT ☐ Type & Screen ☐ CA-125 ☐ Basic Metabolic Panel (EP1) ☐ LIVP
☐ Missed Ab-If Blood Type Unknown: T&S for Group & Rh Blood Type, if known: ___________
☐ COVID19 ☐ Chromosome Analysis, Natera Prod of Conc ☐ Other: ___________________________

Diagnostic Studies:
☐ Chest X-ray PA & Lateral ☐ Other: ___________________________

Reason: ___________________________
☐ ECG Reason: ___________________________

VTE Mechanical Prophylaxis:
☐ Place SCD prior to induction of anesthesia ☐ Knee ☐ Thigh ☐ Right ☐ Left ☐ Bilateral
☐ NO SCD needed-must give reason ☐ Already anticoagulated ☐ Ambulating ☐ Refused ☐ Comfort measures only ☐ Fall risk – Not indicated-low clinical risk

VTE Pharmacologic Prophylaxis:
☐ Heparin 5,000 units, subcutaneous, preop once
☐ No pharmacologic VTE-must give reason ☐ Already anticoagulated ☐ Bleeding risk ☐ Active bleeding ☐ Refused ☐ Comfort measures only

☐ Thrombocytopenia ☐ Not-indicated-low clinical risk

Ablations:
☐ No Ketorolac ☐ Ketorolac at discretion of AAC
☐ Ketorolac 30 mg IM ☐ Ketorolac 60 mg IM ☐ Ketorolac 30 mg IVP

☐ Albuterol 2.5 mg/0.5 ml by HHN with I.S. to follow ☐ Pepcid 20 mg IVP on call
☐ Chlorhexidine 4% liquid topically in shower the night before and the morning of surgery, concentrating on abdomen

☐ No preop antibiotics needed

Pre-Operative Antibiotics: * Required:
*Hysterectomy & Urogyn procedures (*Bladder Sling & *Paravaginal Defect Repair)
☐ Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 Alternate if allergy give Clindamycin 900 mg IVPB x1 plus Gentamicin 5 mg/kg IVPB x1 (Off-site Surgery Centers – substitute Levofloxacin 750 mg IVPB x1 instead of Clindamycin + Gentamicin)
☐ Metronidazole 500mg IVPB x1

Induced or Spontaneous Abortion/D&E
☐ Doxycycline 100mg PO x1 ☐ Doxycycline 100mg IVPB x1

OTHER: ___________________________

Physician Signature ___________________________
Date: ___________________________
Time: ___________________________