**Hybrid OR Cath Lab/EP Pre Procedure Orders**

**Patient Name:**

**Date of Birth:**

**Surgery confirmation #:**

Fax to (513) 585-0169

To be performed within 30 days, unless otherwise noted.

---

**Surgeon name:**

**Phone:**

**Fax:**

---

**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 100 mg/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)

- **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 if female 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

- **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

- **Local Anesthesia**

---

**Pre-operative consultation to evaluate for risk factors prior to surgery**

- per PCP, may use hospitalists if not available  
- per hospitalist
- per surgeon: date ________

---

**Labs:**

- CBC with diff
- Renal (BMP)
- Urinalysis
- COVID19
- Type & Screen
- Albumin
- LDH
- PT/INR
- Plasma free Hgb
- LIVP
- PTT
- Haptoglobin
- CK-MB
- HgbAIC
- Amylase
- Lipase
- Other:

---

**Diagnostic Studies:**

- Chest X-ray PA & Lateral
- Other: ______________________________

**Reason:**

- ECG

---

**VTE Mechanical Prophylaxis:**

- Place SCD prior to induction of anesthesia
- NO SCD needed-must give reason

**VTE Pharmacologic Prophylaxis:**

- Heparin 5,000 units, subcutaneous, preop once

**Pre-Operative Antibiotics:**

*Required: *Pacemaker or defibrillator implant

- Cefazolin 2g IVPB if patient greater than or equal to 120kg Cefazolin 3g IVPB x1
- Alternate if allergy give Vancomycin 15mg/kg (Max 2000mg) x1
- Other: ______________________________

---

Physician Signature _____________________________ Date: ___________ Time: ___________