

Hybrid OR Cath Lab/EP Pre Procedure Orders

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To be performed within 30 days, unless otherwise noted.

Fax to (513) 585-0169

Surgeon name:

Phone:

Fax:

Patient Name :

Date of Birth

Surgery confirmation #



Procedure Orders: _____

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)
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
 Other IV _____

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 _____

Nursing: Void on call to OR

Labs: CBC with diff Type & Screen PT/INR PTT HgbA1C
 Renal (BMP) Albumin Plasma free Hgb Haptoglobin CK-MB
 Urinalysis LDH LIPV Amylase Lipase
 COVID19 Other: _____ 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

No preop antibiotics needed

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: _____