Hybrid OR Cath Lab/EP Pre Procedure Orders
R3760 Rev. 1/2019

To be performed within 30 days, unless otherwise noted.

Fax to (513) 585-0169

Surgeon name: __________________________ Phone: __________________________ Fax: __________________________

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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 anesthesiologist)
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 ☐ Plasma free Hgb ☐ Haptoglobin ☐ CK-MB
☐ Renal (BMP) ☐ Albumin ☐ HgbAIC ☐ LDH ☐ LIVP ☐ Amylase ☐ Lipase
☐ Urinalysis ☐ 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 ☐ 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: ____________

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