

**Orthopedic Pre Surgery Orders 2124 (MAJOR)**

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To be performed within 30 days, unless otherwise noted.  
Fax to (513) 585-0169

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Surgery Confirmation #



Surgeon name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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 \_\_\_\_\_

**Request for anesthesia** to provide postoperative advanced pain management.     **PT** evaluate & treat pre op joint replacement prior to day of surgery

**Nursing:**  
 Celecoxib (Celebrex) does not need to be stopped prior to surgery. All other NSAIDs should be stopped 7 days before  
 Durable Medical Equipment: Walker (5" fixed front wheels)  
 2% Chlorhexidine Gluconate Wash cloths to be used to operative site upon arrival  
 Shoulder Arthroplasty Study – Assess and Document Pain Score  
 Void on call to OR  
 Place TED hose on the non-operative leg preop and send the other TED with patient to OR Please choose:     Knee     Thigh  
 May leave underwear on  
 Have cast split (bivalved)  
 Send any immobilizers, boots, splints, braces, slings, or cold therapy units with the patient to the OR  
 Leave splint with ACE wrap intact on patient  
 **Staph PCR/Culture Protocol for Staph Aureus**      **Pre Admission Testing/Same Day Surgery RN to follow up based on below criteria**  
If Nasal PCR/culture not performed prior to OR, send nasal PCR/culture to rule out Staph Aureus as STAT, place order for Mupirocin (Bactroban) 2%, preop once, and apply to both nostrils.  
If nasal PCR/culture not final prior to OR, order Mupirocin (Bactroban) 2%, preop once, and apply to both nostrils.  
If nasal PCR/culture obtained preoperatively, and results were positive for Staph Aureus, record start date for Mupirocin (Bactroban) in the PTA meds. If Mupirocin (Bactroban) has not been started, order Mupirocin (Bactroban) 2%, preop once, and apply to both nostrils.  
If nasal PCR/culture positive for MRSA, discontinue current preop antimicrobial selection, and order Vancomycin 15mg/kg (max 2000mg) x1.

**Labs:**     Nasal PCR or nasal culture (if on nasal steroid) for *Staph aureus*     COVID19  
 CBC     Basic Metabolic Panel (EP1)     PT/INR     PTT     Type & Screen     Urinalysis with reflex microscopic  
 Urine Culture     \_\_\_\_\_     Nursing communication: HgbA1c for diabetic total joint patients if not within last 30 days

**Diagnostic Studies:**     **Chest X-ray PA & Lateral** (within 6 months of surgery date)    **Reason:** \_\_\_\_\_  
 Other: \_\_\_\_\_    **Reason:** \_\_\_\_\_     **ECG Reason:** \_\_\_\_\_

**VTE Mechanical Prophylaxis: (MUST CHOOSE ONE)**  
 **Place SCD prior to induction of anesthesia**     Knee     Thigh     Foot     Right     Left     Bilateral  
 **NO SCD needed-must give reason**     Already Anticoagulated     Ambulating     Patient Refused     Fall risk     Not indicated-low clinical risk

**VTE Pharmacological Prophylaxis:**  
 **Heparin** 5,000 units, subcutaneous, preop once  
 **No pharmacologic VTE-must give reason**     Already Anticoagulated     Bleeding risk     Active bleeding     Patient Refused  
 Thrombocytopenia     Not-indicated-low clinical risk

**Meds:**     **No preop antibiotics needed**  
**Pre-Operative Antibiotics: \*Required- \*Arthrodesis, \*Arthroplastv, \*Long bone procedures, \*ORIF, \* Spine, or other (CHOOSE ONLY ONE)**  
 Cefazolin 2 g IVPB x1; if patient greater than or equal to 120 kg Cefazolin 3 g IVPB x1; **Alternate if allergy give Clindamycin 900 mg IVPB x1**  
 History of MRSA infection Vancomycin 15mg/kg IVPB x1    Maximum dose of 2000 mg

Tranexamic acid 1 gm IVPB    **Please choose:**     pre-op once     intra-op once at anesthesia induction     intra-op once at wound closure  
 Oxycodone SR (Oxycontin)  
- For patients 70 years of age or greater: give 10 mg by mouth pre-op    - For patients less than 70 years of age: give 20 mg by mouth pre-op  
 Dexamethasone 10 mg IVP    HOLD for Diabetic patients

Physician Signature \_\_\_\_\_      Date: \_\_\_\_\_      Time: \_\_\_\_\_