

# Orthopedic Pre Surgery Orders 2125 (MINOR)

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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 \_\_\_\_\_

**Request for anesthesia** to provide postoperative advanced pain management

**Nursing:**  
 Notify MD of abnormal lab results  
 Celecoxib (Celebrex) does not need to be stopped prior to surgery. All other NSAIDs should be stopped 7 days before  
 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, or cold therapy units with the patient to the OR  
 Leave splint with ACE wrap intact on patient

**Labs:**     CBC     Basic Metabolic Panel (EP1)     PT/INR     PTT     Urinalysis with reflex microscopic     COVID19  
 Urine Culture     \_\_\_\_\_

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

**VTE Mechanical Prophylaxis (REQUIRED):**  
 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 (OPTIONAL)**  
 Heparin 5,000 units, subcutaneous, preop once  
 No pharmacologic VTE     Already anticoagulated     Bleeding risk     Active bleeding     Patient Refused     Thrombocytopenia  
 Not-indicated-low clinical risk

No preop antibiotics needed

**Pre-Operative Antibiotics: \*Required – \*ORIF, or other (CHOOSE 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**  
**OR**  
 History of MRSA infection: Vancomycin 15 mg/kg IVPB    (15 mg/kg Intravenous, PRE-OP ONCE, Pre-op (day of surgery))  
 Other \_\_\_\_\_

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