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

Patient Name: __________________________  Date: __________________  Time: __________

Fax to (513) 585-0169

Surgeon name: __________________________  Phone: __________________  Fax: __________________

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**Procedure Orders:**

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**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
- Other IV
- Local IV

**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) prior to day of surgery. 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.

**Tests:**

- CBC
- Basic Metabolic Panel (EP1)
- PT/INR
- PTT
- Type & Screen
- Urinalysis with reflex microscopic
- HgbA1c for diabetic total joint patients if not within 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
- NO SCD needed-must give reason
- Already Anticoagulated
- Ambulating
- Patient Refused
- Fall risk
- Not indicated-low clinical risk

**VTE Pharmacologic Prophylaxis:**

- Heparin 5,000 units, subcutaneous, preop once


- 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
- Oxycodeone SR (Oxycontin)
- For patients 70 years of age or greater: give 10 mg by mouth pre-op
- Dexamethasone 10 mg IVP  **HOLD for Diabetic patients**

**Physician Signature __________________________  Date: ____________  Time: ____________**