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 #: __________________________

Fax to (513) 585-0169

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

☐ Request for anesthesia to provide postoperative advanced pain management

☐ per PCP, may use hospitalists if not available ☐ per hospitalist ☐ per surgeon: date ______

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

☐ Leave splint with ACE wrap intact on patient

☐ Have cast split (bivalved)

☐ Send any immobilizers, boots, splints, braces, or cold therapy units with the patient to the OR

☐ Other IV _____________________

☐ Labs: ☐ CBC ☐ Basic Metabolic Panel (EP1) ☐ PT/INR ☐ PTT ☐ Urinalysis with reflex microscopic ☐ COVID19

☐ Urine Culture ☐ Basic Metabolic Panel (EP1) PT/INR PTT Urinalysis with reflex microscopic COVID19

☐ 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 to120 kg Cefazolin 3 g IV PB x1; Alternate if allergy give Clindamycin 900 mg IV PB OR

☐ History of MRSA infection: Vancomycin 15 mg/kg IV PB (15 mg/kg Intravenous, PRE-OP ONCE, Pre-op (day of surgery)

☐ Other __________________________

Physician Signature __________________________ Date: ___________ Time: ___________