**Spine Pre Surgery orders**

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To be performed within 30 days, unless otherwise noted.

Fax to (513) 585-0169

Surgeon name: ___________________________  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), 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 Communication:**

☐ 2% Chlorhexidine Gluconate wash cloths to be used to operative site upon arrival
  Pre-Op: ☐ TED Hose ☐ Right  ☐ Left ☐ Bilateral ☐ Height ☐ Knee ☐ Thigh
  ☐ Incentive Spirometer ☐ Pulmonary Function Test scheduled/results on chart

☐ Pre Admission Testing/Same Day Surgery RN to check if below criteria is met

☐ Staph PCR/Culture Protocol for Staph Aureus
  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 or MRSA, 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:
  ☐ CBC ☐ Renal (BMP) ☐ Type & Screen ☐ PT/INR ☐ PTT ☐ CBC w/ differential ☐ Fibrinogen
  ☐ Nasal PCR or nasal culture (if on nasal steroid) for Staph aureus ☐ Albumin ☐ Pre-Albumin ☐ HTLV
  ☐ Carboxyhemoglobin level ☐ Urine culture ☐ Urine Cotinine levels (COT) ☐ Urinalysis
  ☐ Nursing Communication:  HgbA1c for DIABETIC patients if not within last 30 days  ☐ COVID19
  ☐ Enhanced Recovery Labs:  Hemoglobin & Hematocrit, Albumin, and Prealbumin

**Diagnostic Tests:**

☐ X-ray: ☐ Chest PA & Lateral (within 6 months)  ☐ Reason: ___________________________

☐ EKG: ☐ 12 Lead EKG  ☐ 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 Pharmacologic 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

☐ No preop antibiotics needed

**Pre-Operative Antibiotics:**   *Required - *Spine

☐ 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 15 mg/kg IVPB x1  Maximum dose of 2000 mg

☐ Enhanced Recovery Medications:  gabapentin 600 mg oral give 1.5 hours prior to surgery x1 and Oxycodone ER 10 mg oral pre-op x1

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**Physician Signature ___________________________**  **Date: ___________**  **Time: ___________**