Urology Pre Surgery 1283 Order Form  
R3600 Rev. 1/2020 page 1 of 1
To be performed within 30 days, unless otherwise noted.

Fax to (513) 585-0169

Surgery confirmation #

Patient Name:
Date of Birth

Physician Signature ____________________________ Date: ____________ Time: ____________

Surgeon name:
Phone: Fax:

Fax to (513) 585-0169

Procedure Order:

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)
Urinary 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 hysterecromy 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 anesthesis to provide postoperative advanced pain management

Labs:
☐ nursing Communication: Required for any Ureteral Stent Placements, Ureteral Stent Changes, TURPs, and Ureteroscopies.
Urine analysis with reflex to culture with Pre-Surgery Testing or POC Urinalysis day of surgery (if not completed in Pre-Surgery Testing).
If POC Urinalysis is positive for Nitrites or Leukocytes, place order for Urine Culture (lab 3425).
☐ CBC  ☐ PT/INR  ☐ PTT  ☐ Basic Metabolic Panel (EP1)  ☐ Urinalysis with reflex to microscopic  ☐ Type & Screen
☐ Hepatic  ☐ Urine Culture, midstream

Diagnostic Studies: ☐ Chest X-ray PA & Lateral  ☐ Reason: ______________________________
☐ ECG Reason: ______________________________  Reason: ______________________________

VTE Mechanical Prophylaxis:
☐ Place SCD prior to induction of anesthesia  ☐ Knee  ☐ Thigh  ☐ Right  ☐ Left  ☐ Bilateral
☐ NO SCD needed must give reason  ☐ Already anticoagulated  ☐ Ambulating  ☐ Refused  ☐ Fall risk  ☐ Not indicated-low clinical risk

VTE Pharmacologic Prophylaxis:
☐ Heparin 5,000 units, subcutaneous, pre-op once
☐ No pharmacologic VTE-must give reason  ☐ Already anticoagulated  ☐ Bleeding risk  ☐ Active bleeding  ☐ Refused  ☐ Thrombocytopenia
☐ Not indicated-low clinical risk

☐ No pre-op antibiotics needed

Pre-operative Antibiotics: *Required

Trans rectal Prostate Biopsy* or Other
☐ Levofloxacin 750mg IVPB x1 Alternate if allergy give Cefuroxime 1.5g IVPB x1
OR the patient will be taking ☐ Levofloxacin 750mg orally the night before the procedure AND/OR morning of procedure

Penile Prosthesis* or Other
☐ Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 PLUS Gentamicin 5 mg/kg IVPB x1 Alternate if allergy give Clindamycin 900mg IVPB x1 PLUS Gentamicin 5mg/kg IVPB x1

Bladder Sling* or Other
☐ Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 Alternate if allergy give Levofloxacin 750mg IVPB

Perineal Prostatectomy: Procedures Involving Bowel; Cystectomy
☐ Cefuroxime 1.5 g IVPB x1

Percutaneous Renal Surgery
☐ Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 Alternate if allergy give Clindamycin 900mg IVPB x1 PLUS Gentamicin 5mg/kg IVPB x1

Nephrectomy Surgery
☐ Gabapentin (NEURONTIN) Tablet 300mg x1 Oral 1-2 hours before Surgery
☐ Alvimopan (Entereg) Capsule 12mg, Oral x 1-2 hours before Surgery

OTHER: ______________________________