Urology Pre Surgery 1283 Order Form

To be performed within 30 days, unless otherwise noted.

Patient Name: ___________________________
Date of Birth: ___________________________
Surgery confirmation #: ________________________

Fax to (513) 585-0169

Surgeon name: ___________________________
Phone: ___________________________
Fax: ___________________________

Procedure Order: ___________________________

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

Labs:

□ Nursing Communication: Required for any Ureteral Stent Placements, Ureteral Stent Changes, and Ureteroscopies.

□ Urinalysis 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  □ ECG Reason: ___________________________

□ Other ___________________________  □ 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

□ Levofoxacin 750mg IVPB x1  □ Alternate if allergy give Cefuroxime 1.5g IVPB x1

□ OR the Patient will be taking □ Levofoxacin 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  □ Alternate if allergy give Clindamycin 900mg IVPB x1 PLUS Gentamicin 5 mg/kg IVPB x1

□ Cefuroxime 1.5 g IVPB x1  □ Alternate if allergy give Levofloxacin 750mg IVPB

□ 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  □ Alternate if allergy give Levofloxacin 750mg IVPB x1 PLUS Metronidazole 500mg 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: ___________________________

□ Date: ____________  □ Time: ____________

Physician Signature: ___________________________