

ENT Pre Surgery Orders

R3591 Rev. 3/2022

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 #

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)
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 _____

Nursing: Draw IOPTH in SDS – 1) Draw from IV 2) Place in lavender top tube
 3) Fill out requisition form (do not enter in Epic) 4) Hand carry to Chemistry bench in lab

Labs: CBC PTT PT/INR Basic Metabolic Panel (EP1) Fibrinogen Urinalysis Type& Screen
 PTH intact Calcium Vitamin D 25 Hydroxy Total COVID19 Other _____

Diagnostic Studies: Chest X-ray PA & Lateral Other: _____
Reason: _____
 ECG 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 Comfort measures only 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 Refused Comfort measures only
 Thrombocytopenia Not-indicated-low clinical risk

Medications: acetaminophen tablet 1,000 mg, oral, pre-op once
 famotidine tablet 20 mg, oral, pre-op once
 Oxymetazoline HCL (Afrin) nasal spray- 2 sprays each nostril pre-op, unless allergic
 Dexamethasone 4 mg IV pre-op once. Alternate dose _____ mg

No preop antibiotics needed

Pre-Operative Antibiotics: * Required:
***Open Mandibular Fracture; *Interdental Fixation; *Diverticulectomy of Hypopharynx or *Esophagus (Cervical Approach) or other**
 Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 **Alternate if allergy give Clindamycin 900 mg IVPB x1**
Additional antimicrobial coverage: Metronidazole 500mg IVPB x1
OTHER: _____

Physician Signature _____ Date: _____ Time: _____

