

Neurosurgery Pre Surgery orders

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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 #

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:****Pre Admission Testing/Same Day Surgery RN to check if below criteria is met** **Staph PCR/Culture Protocol for Staph Aureus** **Pre Admission Testing/Same Day Surgery RN to follow up based on criteria below:**

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 PT/INR PTT Urinalysis Type & Screen COVID19 Other _____ Nursing Communication – Platelet Function Screen – Day of Surgery: If has taken NSAIDs, ASA, Plavix, or other like agent within 1 week of surgery **Nasal PCR or nasal culture (if on nasal steroid)** for *Staph aureus* Nursing Communication: HgbA1c for DIABETIC patients if not within last 30 days**Diagnostic Studies:** ECG Reason: _____ Chest X-ray PA & Lateral (within 6 months of surgery date)**Spine x-rays:****Please choose level and view:****Level:** Cervical Spine (within 6 months) Lumbar Spine (within 6 months) Thoraco-Lumbar Spine (within 6 months)**View:** AP Lateral Flexion Extension Other: _____ 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- *CSF shunt procedures, *Pain pump implant, *Spinal cord stimulator, & *Spine** 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** History of MRSA infection Vancomycin 15mg/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

Physician Signature _____ Date: _____ Time: _____

