Orthopedic Pre Surgery Orders 2125 (MINOR)	
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To be performed within 30 days, unless otherwise noted.	Patient Name :
Fax to (513) 585-0169	Date of Birth
Surgeon name:	Surgery confirmation #
Phone: Fax:	
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), 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 –	
<b>required</b> if female with no history of hysterectomy <b>and:</b> 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:	
☑ Notify MD of abnormal lab results □	Have cast split (bivalved)
□ Celecoxib (Celebrex) does not need to be stopped prior to surgery. All other NSAIDs should be stopped 7 days before	Send any immobilizers, boots, splints, braces, or cold therapy units with the patient to the OR
☐ Place TED hose on the non-operative leg preop and send the other TED ☐	Leave splint with ACE wrap intact on patient
with patient to OR Please choose:	
Labs: ☐ CBC ☐ Basic Metabolic Panel (EP1) ☐ PT/INR ☐ PTT ☐ Urinalysis with reflex microscopic ☐ COVID19 ☐ Urine Culture ☐ Hemoglobin A1c ☒ Hemoglobin A1c for ALL DIABETICS if none within 30 days ☐	
Discussific Stantisms . T. Chest V. and DA. 9. Lateral (within ( annual of summer data). Decrease	
Diagnostic Studies:   Chest X-ray PA & Lateral (within 6 months of surgery date) Reason:   Chest X-ray PA & Lateral (within 6 months of surgery date) Reason:   ECG Reason	
VTE Mechanical Prophylaxis (REQUIRED):	
□ 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	
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VIII DI CONTROLLE (ODDIVOVIA)	
VTE Pharmacological Prophylaxis (OPTIONAL)  ☐ Heparin 5,000 units, subcutaneous, preop once	
□ No pharmacologic VTE □ Already anticoagulated □ Bleeding risk □ Active bleeding □ Patient Refused □ Thrombocytopenia	
☐ Not-indicated-low clinical risk	
□No preop antibiotics needed	
Pre-Operative Antibiotics: *Required - *ORIF, or other (CHOOSE ONE)  ☐ 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  OR	
□ History of MRSA infection: Vancomycin 15 mg/kg IVPB (15 mg/kg Intravenous, PRE-OP ONCE, Pre-op (day of surgery)	

Physician Signature \_\_\_\_\_ Date: \_\_\_\_Time:\_\_\_\_

