

**Pelvic Floor Pre-Procedure Order Form**

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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 Order:** \_\_\_\_\_

**WEIGHT (kg):** \_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_

**Nursing Orders:**

- Obtain vital signs pre and post procedure.**
- Nursing Communication: Verify pregnancy test results for any procedure that uses fluoroscopy**
- Nitrous Oxide inhalation, self-administered via Nitrouseal system, start at 30% Nitrous Oxide and 70 % Oxygen blend, can increase up to 50/50 blend of Nitrous Oxide and Oxygen titrated per patient needs, PRN during the procedure for analgesia.

**Labs:**

- CBC
- PT/INR
- PTT
- Basic Metabolic Panel (EP1)

**Medications:**

**Antibiotics: \*Required**

- CephALEXin (KEFLEX) capsule, 500 mg, oral
- For PCN or cephalosporin allergy: levoFLOXacin tablet, 750 mg, oral

**Prostate Biopsy Antibiotics:**

- cephALEXin (KEFLEX) capsule, 500 mg, oral
- For PCN or cephalosporin allergy: levoFLOXacin (LEVAQUIN) tablet, 750 mg, oral
- gentamicin Intramuscular, 80 mg intramuscular

**Botox and other Medications:**

- botulinum toxin type A (BOTOX) injection for Bladder, 100 units, other, once
- botulinum toxin type A (BOTOX) injection- For Bladder, 200 units, other, once
- botulinum toxin type A (BOTOX) injection- For Rectal, 50 units, other, once
- phenazopyridine (PYRIDIUM) tablet 200 mg, 200 mg, oral, once, PRN, once

**OTHER ORDERS:**

