

Orthopedic Pre Surgery Orders 2124 (MAJOR)

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be performed within 30 days, unless otherwise noted.
Fax to (513) 585-0169

Patient Name: _____
Date of Birth: _____

Surgery Confirmation #

Surgeon name:
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 – **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 _____
 Ambulatory pharmacist referral Reason for referral: pharmacogenomics

Request for anesthesia to provide postoperative advanced pain management. **PT** evaluate & treat pre op joint replacement prior to day of surgery

Nursing:
 Celecoxib (Celebrex) does not need to be stopped prior to surgery. All other NSAIDs should be stopped 7 days before
 Durable Medical Equipment: Walker (5" fixed front wheels)
 2% Chlorhexidine Gluconate Wash cloths to be used to operative site upon arrival
 Shoulder Arthroplasty Study – Assess and Document Pain Score
 Void on call to OR
 Place foot pump prior to induction of anesthesia
 Staph PCR/Culture Protocol for Staph Aureus **Pre Admission Testing/Same Day Surgery RN to follow up based on below criteria**
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, 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.
 Stockings
Please choose: Left leg Right leg Knee Thigh TED Hose
 Carolon Stocking Place on non-operative leg pre-op
 Send other stocking home with patient Send other stocking with patient to OR
 Have cast split (bivalved)
 Send any immobilizers, boots, splints, braces, slings, or cold therapy units with the patient to the OR
 Leave splint with ACE wrap intact on patient

Labs: Nasal PCR or nasal culture (if on nasal steroid) for *Staph aureus* COVID19 Albumin
 CBC Basic Metabolic Panel (EP1) PT/INR PTT Type & Screen Urinalysis with reflex microscopic
 Urine Culture HgbA1c HgbA1c for diabetic total joint patients if not within last 30 days _____ Invitae Pharmacogenomics panel

Diagnostic Studies: **Chest X-ray PA & Lateral** (within 6 months of surgery date) **Reason:** _____
 Other: _____ **Reason:** _____ **ECG 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 Pharmacological 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

Meds: **No preop antibiotics needed**
Pre-Operative Antibiotics: *Required- *Arthrodesis, *Arthroplasty, *Long bone procedures, *ORIF, * Spine, or other (CHOOSE ONLY 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 x1**
 History of MRSA infection Vancomycin 15mg/kg IVPB x1 Maximum dose of 2000 mg

Tranexamic acid 1 gm IVPB **Please choose:** pre-op once intra-op once at anesthesia induction intra-op once at wound closure
 Tranexamic acid 1 gm in sodium chloride 0.9%-total volume 50 ml, Intra-articular, intra-op once; Please send to OR with patient

Physician Signature _____ **Date:** _____ **Time:** _____

