Orthopedic Pre Surgery Orders 2125 (MINOR)

R3592B Rev. 9/2022

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 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

Nursing:
☒ Notify MD of abnormal lab results
☐ Celecoxib (Celebrex) does not need to be stopped prior to surgery. All other NSAIDs should be stopped 7 days before
☑ **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, or cold therapy units with the patient to the OR
☐ Leave splint with ACE wrap intact on patient

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 ☐ ____________________ ☑ Invitae Pharmacogenomics panel

Diagnostic Studies: ☐ **Chest X-ray PA & Lateral** (within 6 months of surgery date) **Reason:** ______________________________
☐ **Other:** _______________ **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**

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**

Other Medications
☐ **Tranexamic acid** 1gram IVPB, 1000 mg, intravenous, pre op once, **pre op** (day of surgery)
☐ **At induction - Tranexamic acid** 1gram IVPB, 1000 mg, intravenous, intra op once, **intra op**
☐ **At wound closure - Tranexamic acid** 1gram IVPB, 1000 mg, intravenous, intra op once, **intra op**
☐ **Tranexamic acid** 1000 mg in sodium chloride 0.9% - total volume 50 ml intra-articular, intra op once, **intra op**

☐ **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 x1
☐ History of MRSA infection Vancomycin 15mg/kg IVPB x1 Pre-op day of surgery

Physician Signature ______________________________ Date: _________ Time: ____________