

**Spine Pre Surgery orders**

R3601 Rev. 3/2022 Page 1 of 1

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 Communication:**  
 2% Chlorhexidine Gluconate wash cloths to be used to operative site upon arrival  
 Pre-Op:  TED Hose     Right     Left     Bilateral    Height     Knee     Thigh  
 Incentive Spirometer     Pulmonary Function Test scheduled/results on chart

**Pre Admission Testing/Same Day Surgery RN to check if below criteria is met**  
 **Staph PCR/Culture Protocol for Staph Aureus**  
 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     Renal (BMP)     Type & Screen     PT/INR     PTT     CBC w/ differential     Fibrinogen  
 **Nasal PCR or nasal culture (if on nasal steroid) for Staph aureus**     Albumin     Pre-Albumin     HTLV  
 Carboxyhemoglobin level     Urine culture     Urine Cotinine levels (COT)     Urinalysis     \_\_\_\_\_  
 **Nursing Communication:** HgbA1c for DIABETIC patients if not within last 30 days     COVID19  
 **Enhanced Recovery Labs:** Hemoglobin & Hematocrit, Albumin, and Prealbumin

**Diagnostic Tests:**  
**X-ray:**     Chest PA & Lateral (within 6 months)    **Reason:** \_\_\_\_\_  
**EKG:**     12 Lead EKG    **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 -\*Spine**  
 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 15 mg/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: \_\_\_\_\_

