

Urology Pre Surgery 1283 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: _____
<input type="checkbox"/> 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 <input type="checkbox"/> Other IV _____	
<input type="checkbox"/> Local Anesthesia	
Pre-operative consultation to evaluate for risk factors prior to surgery <input type="checkbox"/> per PCP, may use hospitalists if not available <input type="checkbox"/> per hospitalist <input type="checkbox"/> per surgeon: date _____	
<input type="checkbox"/> Request for anesthesia to provide postoperative advanced pain management	
Labs: <input checked="" type="checkbox"/> Nursing Communication: Required for any Ureteral Stent Placements, Ureteral Stent Changes, TURPs, and Ureteroscopies. Urinalysis with reflex to culture with Pre-Surgery Testing or POC Urinalysis day of surgery (if not completed in Pre-Surgery Testing). If POC Urinalysis is positive for Nitrites or Leukocytes, place order for Urine Culture (lab 3425). <input type="checkbox"/> CBC <input type="checkbox"/> PT/INR <input type="checkbox"/> PTT <input type="checkbox"/> Basic Metabolic Panel (EP1) <input type="checkbox"/> Urinalysis with reflex to microscopic <input type="checkbox"/> Type & Screen <input type="checkbox"/> Hepatic <input type="checkbox"/> Urine Culture, midstream <input type="checkbox"/> COVID19 <input type="checkbox"/> _____	
Diagnostic Studies: <input type="checkbox"/> Chest X-ray PA & Lateral Reason: _____ <input type="checkbox"/> ECG Reason: _____ <input type="checkbox"/> Other _____ Reason: _____	
VTE Mechanical Prophylaxis: <input type="checkbox"/> Place SCD prior to induction of anesthesia <input type="checkbox"/> Knee <input type="checkbox"/> Thigh <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> NO SCD needed-must give reason <input type="checkbox"/> Already anticoagulated <input type="checkbox"/> Ambulating <input type="checkbox"/> Refused <input type="checkbox"/> Fall risk <input type="checkbox"/> Not indicated-low clinical risk	
VTE Pharmacologic Prophylaxis: <input type="checkbox"/> Heparin 5,000 units, subcutaneous, pre-op once <input type="checkbox"/> No pharmacologic VTE-must give reason <input type="checkbox"/> Already anticoagulated <input type="checkbox"/> Bleeding risk <input type="checkbox"/> Active bleeding <input type="checkbox"/> Refused <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Not-indicated-low clinical risk	
<input type="checkbox"/> No pre-op antibiotics needed	
Pre-operative Antibiotics: *Required Trans rectal Prostate Biopsy* or Other <input type="checkbox"/> Levofloxacin 750mg IVPB x1 Alternate if allergy give Cefuroxime 1.5g IVPB x1 OR the Patient will be taking <input type="checkbox"/> Levofloxacin 750mg orally the night before the procedure AND/OR morning of procedure Penile Prosthesis* or Other <input type="checkbox"/> Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 PLUS Gentamicin 5 mg/kg IVPB x1 Alternate if allergy give Clindamycin 900mg IVPB x1 PLUS Gentamicin 5mg/kg IVPB x1 Bladder Sling* or Other <input type="checkbox"/> Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 Alternate if allergy give Levofloxacin 750mg IVPB Perineal Prostatectomy; Procedures Involving Bowel; Cystectomy <input type="checkbox"/> Cefuroxime 1.5 g IVPB x1 Alternate if allergy give Levofloxacin 750mg IVPB x1 PLUS Metronidazole 500mg IVPB x1 Percutaneous Renal Surgery <input type="checkbox"/> Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg Cefazolin 3g IVPB x1 Alternate if allergy give Clindamycin 900mg IVPB x1 PLUS Gentamicin 5mg/kg IVPB x1 Nephrectomy Surgery <input type="checkbox"/> Gabapentin (NEURONTIN) Tablet 300mg x1 Oral 1-2 hours before Surgery <input type="checkbox"/> Alvimopan (Entereg) Capsule 12mg, Oral x 1 -2 hours before Surgery	
OTHER: _____	

Physician Signature _____ Date: _____ Time: _____

