Vascular Pre Surgery orders	Patient Name :	
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To be performed within 30 days, unless otherwise noted.	Date of Birth	
Fax to (513) 585-0169	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		
□ Request for anesthesia to provide postoperative advanced pain management		
Nursing: 🗆 Hold Pre-operative sedation until all veins marked in SDS		
Nasal PCR or nasal culture (if on nasal steroid) to detect cold	onization of <i>Staph aureus</i> and MRSA	
 Pre-operative: If nasal PCR or culture not performed prior to OR – send nasal PCR or culture to rule out <i>Staph aureus</i>/MRSA as STAT and begin Mupirocin (Bactroban) 2% to both nostrils pre-op and continue BID until results may be reviewed. If nasal PCR or culture not final prior to OR, begin Mupirocin (Bactroban) 2% to both nostrils pre-op and continue BID until results may be reviewed. If nasal PCR or culture obtained pre-op, and results are positive for <i>Staph aureus</i> or MRSA, record start date for Mupirocin (Bactroban) 2% in medical record. If mupirocin has not been started, start pre-operatively. If nares PCR or culture positive, discontinue current pre-op antimicrobial selection and order vancomycin 15mg/kg (Max 2000mg) x1 		
Labs:CBCPT/INRPTTCOType & ScreenEP1LIVPUri		
Diagnostic Studies: Chest X-ray PA & Lateral Other:		
Reason:		
VTE Mechanical Prophylaxis: Place SCD prior to induction of anesthesia Knee Thigh Right Left Bilateral NO SCD needed-must give reason Already anticoagulated Ambulating Refused Comfort measures only 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 Refused Comfort measures only Thrombocytopenia Not-indicated-low clinical risk 		
No Midazolam		
No preop antibiotics needed		
Pre-Operative Antibiotics: *Required- *AAA procedures, * any LE bypass procedure or amputation, *Any procedure with groin		
incision, *Arterial surgery involving a prosthesis, *AV fistula-any surgical or radiologic manipulation, *Carotid endarterectomy,		
<u>*Dialysis cath removal</u> □ Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg 0	Cefazolin 30 IVPR v1 Alternate if allergy give Clind	amycin 900 mg
IVPB x1	Chazonii 5g i vi D XI Aner nate fi anergy give Clind	aniyoni 900 mg
□ History of MRSA infection or if nares PCR/culture positive: Vancomycin 15mg/kg IVPB x1		
Physician Signature	Date: Time:	

Patient Name :

