Vascular Pre-Surgery Orders

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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 Orders: _____

WEIGHT (kg): _____ **ALLERGIES:** _____

Before Day of Surgery:

Preoperative consultation to evaluate for risk factors prior to surgery:

☐ Per PCP (may use PSOC NP if not available) ☐ Per Surgeon ☐ Per Hospitalist (for add-on/emergent cases only)
☐ Nursing Communication: H&P not required for local anesthesia cases

Labs: ☐ CBC ☐ PT/INR ☐ PTT ☐ Type & Screen ☐ Basic Metabolic Panel (EP1) ☐ LIVP ☐ UA

Diagnostic Test/Imaging Studies: ☐ Chest X-ray PA & Lateral ☐ EKG
☐ Diagnostic-abdomen KUB up/decubitus & PA CXR ☐ Diagnostic-abdomen KUB & erect &/or decubitus

Day of Surgery:

☐ **General/MAC/Regional Anesthesia Preop:**
Insert Peripheral IV (and saline lock if needed per Anesthesia)
Sodium Chloride 0.9% 1000 ml @ 125 ml/hr IV. (Reduce rate to 50 ml/hr if diagnosis of chronic renal failure)

☐ **Local Anesthesia with Sedation by Surgeon:**
Insert Peripheral IV
Sodium Chloride 0.9% 100 ml @ 125 ml/hr. (Reduced rate to 50 ml/hr if diagnosis of chronic renal failure)

☐ **Local Anesthesia**

Nursing Orders:

☒ Apply mepilex pressure relief overlay to coccyx ***Required for surgery 4 hours or longer**
☐ Hold pre-operative sedation until all veins marked in SDS (vein cases only)
☐ Do not give pre-op sedatives. The patient needs to stand in OR room prior to surgery (vein cases only)
☐ Clip Prep
☒ 2% Chlorhexidine gluconate wash cloths to operative - abdominal groin access site and lower extremity cases
☐ **Nozin** - Swab each nares with X1 pre op. DO NOT administer if allergic to Jojoba, Vitamin E oil, or oranges-call provider to obtain order for Mupirocin.
☐ IV in extremity opposite operative side. Place above wrist with no tape on ventral aspect of wrist

☐ **Consults Pre op Anesthesia:** Request for anesthesia to provide postoperative advance pain management

VTE Mechanical Prophylaxis:

☐ Place SCD prior to induction of anesthesia ☐ Knee ☐ Thigh ☐ Right ☐ Left ☐ Bilateral
☐ No SCD needed-must give reason ☐ Already Anti-coagulated ☐ Ambulating ☐ Refused
☐ Comfort measures only ☐ Fall Risk ☐ Not indicated-low clinical risk

VTE Pharmacologic Prophylaxis:

☐ Heparin 5,000 units Subcutaneous X1 pre op
☐ No pharmacologic VTE-must give reason ☐ Already Anit-coagulated ☐ Thrombocytopenia ☐ Refused
☐ Bleeding Risk ☐ Active Bleeding ☐ Comfort measures only ☐ Not indicated-low clinical risk

☐ **No Midazolam**

☐ **No Pre op Antibiotic Needed**

Pre-operative Antibiotics: *Required - *AAA Procedures, *Arterial surgery involving a prosthesis, *Any procedure with a groin incision, *Any LE bypass procedure or amputation, *AV fistula-surgical, *Carotid endarteractomy, *Dialysis Cath removal, or Stab Phlebectomy

☐ Cefazolin 2 g IVPB pre op X1 if patient greater than or equal to 120 kg Cefazolin 3 g IVPB pre op X1 **Alternate if cephalosporin allergy:** Clindamycin 900 mg IVPB pre op X1
☐ History of MRSA infection within past 12 months: Vancomycin 15 mg/kg IVPB X1

Pre-procedure Medications:

☐ Diazepam (Valium) tablet 2 mg PO pre op X1 - may repeat X1 in 30-60 minutes for increased anxiety

Physician Signature _____ Date: _____ Time: _____

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