Plastics 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)

☐ H&P not required for local anesthesia cases

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

Diagnostic Test/Imaging Studies: ☐ EKG ☐ Chest X-Ray PA & Lateral

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**

☐ **Consult for Anesthesia:** Request for anesthesia to provide postoperative advanced pain management

Nursing Orders:

☒ Apply Mepilex pressure relief overlay to coccyx - ***Required for surgery 4 hours or longer**

☐ Do not give any pre-op Sedatives. The patient needs to stand up in OR room prior to surgery

☐ Do not give any pre-op Sedatives until seen by MD in SDS

☐ Notify MD if SBP > 140 and/or DBP is > 90

☐ TED stockings: ☐ Left ☐ Right ☐ Bilateral ☐ Knee ☐ Thigh

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 ☐ 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 Anti-coagulated ☐ Thrombocytopenia ☐ Refused

☐ Bleeding Risk ☐ Active Bleeding ☐ Comfort measures only ☐ Not indicated-low clinical risk

☐ **No Pre op Antibiotic Needed**

Pre-operative Antibiotics:

☐ 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

Physician Signature _____ Date: _____ Time: _____

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