General/Colorectal 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) ☐ Liver Profile
☐ HGBa1c ☐ LDH ☐ Urine Cotinine ☐ Amylase ☐ Lipase ☐ UA

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**

Nursing Orders:

☒ Apply Mepilex pressure relief overlay to coccyx - *** Required for surgery 4 hours or longer**
☐ Void on call to OR ☐ Enhanced Recovery
☒ 2% Chlorhexidine Gluconate washcloths to operative site-abdominal cases

☐ **Consult for Anesthesia:** Request for anesthesia to provide postoperative advanced 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 ☐ 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 ☐ Comfort measures only ☐ Refused
☐ Bleeding Risk ☐ Active Bleeding ☐ Not indicated-low clinical risk

☐ **No Pre op Antibiotic Needed**

Pre-operative Antibiotics: *Required

***Colorectal procedure or Other**

☐ Cefazolin 2 g IVPB pre op X1 if patient greater than or equal to 120 kg Cefazolin 3 g IVPB pre op X1 **PLUS** Metronidazole 500 mg IVPB pre op X1 **Alternate if cephalosporin allergy:** give Levofloxacin 750 mg IVPB pre op X1 **PLUS** Metronidazole 500 mg IVPB pre op X1

***Percutaneous G-Tube or Other**

☐ 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:** Levaquin 750 mg IVPB pre op X1 **PLUS** Clindamycin 900 mg IVPB pre op X1

Other antimicrobial coverage

☐ 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:** give Clindamycin 900 mg IVPB pre op X1

For peritoneal dialysis catheter placement or if allergic to Cefazolin AND Clindamycin: Vancomycin 15 mg/kg IVPB pre op X1

Colorectal pre op Meds:

☐ Acetaminophen (Tylenol) 1000 mg PO pre op X1 OR ☐ Acetaminophen (Offirmev) 1000 mg IV pre op X1
☐ Famotidine (Pepcid) 20 mg IV pre op X1 ☐ Alvimopan (Entereg) 12 mg PO 1-2 hr before surgery X1
☐ Metoclopramide (Reglan) 10 mg IV pre op X1 ☐ Gabapentin (Neurontin) 300 mg pre op X1 1-2 hr before surgery
☐ Ondansetron (Zofran) 4 mg IV pre op X1 ☐ Dexamethasone (Decadron) 10 mg pre op X1
☐ Oxycodone (Oxycontin ER) 10 mg PO 1-2 hr before surgery X1

~~Restricted for patients identified at high risk for PONV:~~

Physician Signature _____ Date: _____ Time: _____