

ENT 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 ☐ BMP (EPI) ☐ Fibrinogen ☐ UA☐ PTH intact ☐ Calcium ☐ Vitamin D 25 Hydroxy Total**Diagnostic Test/Imaging Studies:** ☐ Chest X-ray PA & Lateral ☐ EKG**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**☐ Draw IOPTH in SDS - 1) Place order in epic 2) Draw from IV 3) Place in lavender top tube 4) Hand carry to Chemistry bench in lab**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 Anti-coagulated ☐ Thrombocytopenia ☐ Refused☐ Bleeding Risk ☐ Active Bleeding ☐ Comfort measures only ☐ Not indicated-low clinical risk**Medications:** ☐ Acetaminophen (Tylenol) tablet 1000 mg PO X1 pre op
☐ Famotidine (Pepcid) 20 mg PO X1 preop
☐ Oxymetazoline HCL (Afrin) nasal spray - 2 sprays each nostril pre op unless allergic
☐ Dexamethasone 4 mg IV X1 pre op☐ **No Pre op Antibiotic Needed****Pre-operative Antibiotics: *Required:*****Open Mandibular Fracture: *Interdental Fixation: *Diverticulectomy of Hypopharynx or *Esophagus (Cervical Approach) 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: ☐ Clindamycin 900 mg IVPB pre op X1☐ **Additional antimicrobial coverage:** Metronidazole 500 mg IVPB pre op X1

Physician Signature _____ Date: _____ Time: _____

