Orthopedic Pre-Surgery Orders (MINOR)

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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 ☐ Basic Metabolic Panel (EP1) ☐ HGBA1C ☐ UA ☐ Urine Culture
☐ Urinalysis with reflex to culture ☒ Invite Pharmacogenomics Panel ☒ HGBA1C for diabetic patient within last 30 days

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

☒ Ambulatory pharmacist referral : ☒ Reason - pharmacogenomic

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**
☐ Celecoxib (Celebrex) does not need to be stopped prior to surgery
☐ All other NSAIDs should be stopped 7 days before
☐ Have cast split (bi valved)
☐ Leave splint with ACE wrap intact on person
☐ Send any immobilizers, boots, splints, braces, slings or cold therapy unit with the patients to the OR
☐ Stockings: ☐ TED hose ☐ Carolon stockings ☐ Left Leg ☐ Right Leg ☐ Bilateral ☐ Knee ☐ Thigh
☐ Place on non-operative leg ☐ Send other stocking home with patient ☐ Send other stocking to the OR with patient

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 ☐ Not indicated-low clinical risk

Other Meds:

☐ Tranexamic acid 1 g IVPB Please choose: ☐ Pre op X1 ☐ Intra-Op X1 at anesthesia induction
☐ Intra-Op X1 at wound closure
☐ Tranexamic acid 1 g in Sodium Chloride 0.9% - total volume 50 ml intra-articular Intra-op X1

☐ **No Pre op Antibiotic Needed**

Pre-operative Antibiotics: *Required - *Arthrodesis, *Arthroplasty, *Long bone procedures, *ORIF, *Spine 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 allergy to cephalosporin or History of MRSA in past 12 months:** Vancomycin 15 mg/kg IVPB pre op X1 (max dose of 2 g)

Physician Signature _____ Date: _____ Time: _____

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