Urology 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 ☐ UA ☐ Basic Metabolic Panel (EP1) ☐ Liver Profile
☒ UA with reflex to culture - ***Required for ALL ureteral stent placements, ureteral stent changes, TURPs, and ureteroscopies**

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**
☒ POC UA if not done in PST: ***Required for ALL ureteral stent placements, ureteral stent changes, TURPs and ureteroscopies.** If POC UA is positive for nitrites or leukocytes, place order for urine culture (LAB3425)

☐ **Consults Pre op 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 Anit-coagulated ☐ Thrombocytopenia ☐ Refused
☐ Bleeding Risk ☐ Active Bleeding ☐ Not indicated-low clinical risk

☐ **No Pre op Antibiotic Needed**

Pre-operative Antibiotics: *Required

***Transrectal Prostate Biopsy or Other**

☐ Levofloxacin 750 mg IVPB pre op X1 **Alternate if fluoroquinolone allergy:** give Cefuroxime 1.5 g IVPB pre op X1
For Local cases: Levofloxacin 750 mg PO pre op X1

***Penile Prosthesis or Other**

☐ Cefazolin 2 g IVPB pre op X1 if patient greater than or equal to 120 kg Cefazolin 3 g pre op IVPB X1 **PLUS** Gentamicin 5 mg/kg pre op IVPB X1 **Alternate if cephalosporin allergy:** give Clindamycin 900 mg IVPB pre op X1 **PLUS** Gentamicin 5 mg/kg pre op IVPB X1

***Bladder Sling, Paravaginal Defect Repair or Other**

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

Perineal Prostatectomy: Procedures Involving Bowel or Cystectomy

☐ Cefuroxime 1.5 g 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 Renal Surgery

☐ Cefazolin 2 g IVPB pre op X1 if patient greater than or equal to 120 kg give Cefazolin 3 g IVPB pre op X1 **Alternate if cephalosporin allergy:** give Clindamycin 900 mg IVPB pre op X1 **PLUS** Gentamicin 5 mg/kg IVPB pre op X1

Nephrectomy Surgery

☐ Gabapentin (Neurontin) tablet 300 mg X1, Oral 1-2 hours pre op

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Physician Signature _____ Date: _____ Time: _____