

Spine Pre Surgery orders

R3601 Rev. 09/2024 Page 1 of 1

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:** _____

- General/MAC/Regional Anesthesia** **Pre Admission Testing/Same Day Surgery RN to check if below criteria is met**
- ECG required** - within 6 months of surgery **if:**
- Diagnosis of: CAD, arrhythmia, CHF, CRF, arterial vascular disease, pulmonary disease (except asthma), DM
- PT/INR** day of surgery **required** – if no documented INR of 1.1 or less within 48 hours of surgery if on Warfarin in the last 30 days
- POCT Glucose** day of surgery **required** – if diabetic, if blood glucose is less than 71 mg/dL (or less than 100mg/dL and symptomatic) or if greater than or equal to 180 mg/dL, initiate Preop Diabetes/Glycemic Control Order Set and Notify Anesthesia.
- Potassium** day of surgery **required** – **if:** 1) On dialysis or 2) Diagnosis of renal failure (not renal insufficiency or working transplant)
- Urine pregnancy (Beta HCG if unable to void) on day of surgery, unless patient has negative serum pregnancy test within 7 days of surgery – **required** if female with no history of hysterectomy **and:**
- 1) 11-55 years 2) Less than 11 years and has begun menses or 3) Greater than 55 years and less than one year post-menopausal
- IV: Insert Peripheral IV day of surgery (and saline lock if needed per anesthesia)**
- Normal Saline @ 125 ml/hr (1000 ml bag) unless diagnosed with CRF then @ 50 ml/hr
- Other IV _____
- Local Anesthesia**

Pre-operative consultation to evaluate for risk factors prior to surgery
 per PCP, may use hospitalists if not available per hospitalist per surgeon: date _____

Request for anesthesia to provide postoperative advanced pain management

- Nursing Communication:**
- 2% Chlorhexidine Gluconate wash cloths to be used to operative site upon arrival
 - Swab each nares with Nozin as directed by manufacture. Do NOT administer if allergic to Jojoba, Vitamin E oil, or oranges-call provider to obtain order for mupirocin. Routine, ONE TIME, For 1 Occurrences, Pre-op (day of surgery)
 - Pre-Op: TED Hose Right Left Bilateral Height Knee Thigh
 - Incentive Spirometer Pulmonary Function Test scheduled/results on chart

- Labs:** CBC Renal (BMP) Type & Screen PT/INR PTT CBC w/ differential Fibrinogen
- Albumin Pre-Albumin HTLV
 - Carboxyhemoglobin level Urine culture Urine Cotinine levels (COT) Urinalysis _____
 - Nursing Communication: HgbA1c for DIABETIC patients if not within last 30 days COVID19
 - Enhanced Recovery Labs:** Hemoglobin & Hematocrit, Albumin, and Prealbumin

Diagnostic Tests:

X-ray: Chest PA & Lateral (within 6 months) **Reason:** _____

EKG: 12 Lead EKG **Reason:** _____

VTE Mechanical Prophylaxis: (MUST CHOOSE ONE)

- Place SCD prior to induction of anesthesia** Knee Thigh Foot Right Left Bilateral
- NO SCD needed-must give reason** Already anticoagulated Ambulating Patient Refused Fall risk Not indicated-low clinical risk

VTE Pharmacologic Prophylaxis:

- Heparin** 5,000 units, subcutaneous, preop once
- No pharmacologic VTE-must give reason** Already anticoagulated Bleeding risk Active bleeding Patient Refused
- Thrombocytopenia Not-indicated-low clinical risk

No preop antibiotics needed

Pre-Operative Antibiotics: *Required -*Spine

- Cefazolin 2 g IVPB x1 if patient greater than or equal to 120 kg Cefazolin 3 g IVPB x1 **Alternate if allergy give** Clindamycin 900 mg IVPB x1
- History of MRSA infection Vancomycin 15 mg/kg IVPB x1 Maximum dose of 2000 mg
- Enhanced Recovery Medications:** gabapentin 600 mg oral give 1.5 hours prior to surgery x1 and Oxycodone ER 10 mg oral pre-op x1

Physician Signature _____ Date: _____ Time: _____

