Spine Pre Surgery orders

R3601 Rev. 09/2025 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:** _____

Preoperative consultation to evaluate for risk factors prior to surgery:

☐ PerPCP (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 ☐ CBC w/differential ☐ PT/INR ☐ PTT ☐ Type&Screen ☐ Renal (EP1) ☐ Fibrinogen
☐ Albumin ☐ Pre-Albumin ☐ HTLV ☐ Carboxyhemoglobin ☐ Urine Culture ☐ Urine Cotinine (COT)
☐ Enhanced Recovery Labs: HGB & HCT, Albumin, Pre-Albumin
☒ HGBA1C for diabetic patient within last 30 days

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% 1000ml @ 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% 1000ml @ 125 ml/HR. (Reduce rate to 50ml/HR if diagnosis of chronic renal failure)

☐ **Local Anesthesia**

☐ **Consult for Anesthesia:** Request for anesthesia to provide postoperative advanced pain mangement

Nursing Orders:

☒ Apply Mepilex pressure relief overlay to coccyx - *** Required for surgery 4 hours or longer**
☒ Nozin-swab each nares X1 preop. **Do not administer if allergic to Jojoba, Vitamin E oil, or oranges - call provider to obtain order** for Mupirocin
☐ 2% chlorhexidine gluconate wash cloths to operative site
☐ Incentive Spirometry
☐ TED Hose: ☐ Left Leg ☐ Right Leg ☐ Bilateral ☐ Knee ☐ Thigh

VTE Mechanical Prophylaxis:

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

VTE Pharmacologic Prophlaxis:

☐ Heparin 5,000 units Subcutaneous X1 preop
☐ No pharmacologic VTE-must give reason ☐ Already anticoagulated ☐ Bleeding Risk ☐ Active bleeding
☐ Refused ☐ Thrombocytopenia ☐ Not indicated-low clinical risk

☐ No Preop Antibiotic Needed

Pre-Operative Antibiotics: *Required *Spine

☐ Cefazotin 2g IVPB X1 if patient greater or equal to 120kg Cefazolin 3g IVPB X1: **Alternative if allergy to cephalosporin** give Clindamycin 900mg IVPB preop X1
☐ For history of MRSA within the past 12 months give Vancomycin 15mg/kg IVPB preop X1 (max dose of 2g) and discontinue Cefazolin

☐ **Enhanced Recovery Medications:** Gabapentin 600mg PO preop 1.5 hours prior to surgery X1 **AND** Oxycodone ER 10mg PO preop X1

Preop Medications:

☐ Acetaminophen (Tylenol) 1000mg PO preop X1	**OR**	☐ Acetaminophen (Offirmev) 1000mg IV preop X1
☐ Famotidine (Pepcid) 20mg PO preop X1	**OR**	☐ Famotidine (Pepcid) 20mg IV preop X1
☐ Dexamethasone (Decadron) 10mg IV preop X1	**OR**	☐ Dexamethasone (Decadron) 4mg IV preop X1

Preop Medications for Thoracic and Lumbar Fusions:

☐ Methadone (Dolophine) for NARCOTIC NAIVE patients 5mg PO preop X1
☐ Methadone (Dolophine) for OPIATE TOLERANT patients 10mg PO preop X1
☐ Pregablin (Lyrica) 75mg PO preop X1 IF NOT ON GABAPENTIN OR PREGABALIN AT HOME

Physician Signature _____ Date: _____ Time: _____

R3601