Thoracic 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 and to include review of systems:

☐ 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 ☐ Liver Profile ☐ Fibrinogen
☐ Magnesium ☐ Lipid Profile ☐ HGBa1c ☐ UA with reflex to Culture ☐ Albumin

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

☐ **General/MAC/Regional Anesthesia Pre op:**
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% 1000 ml @ 125 ml/hr. (Reduce 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
☒ Patient to brush teeth and rinse with Peridex (Chlorhexidine Gluconate) 0.12% oral rinse 15 ml X1 pre op
☒ 2% Chlorhexidine wipes to be used pre op
☐ TED hose ☐ Knee high ☐ Thigh high ☐ Bilateral ☐ Right ☐ Left
☒ Swab each nares with Nozin X1 pre op. Do not administer if allergic to Jojoba, Vitamin E oil, or oranges - call provider to obtain order for Mupirocin.
☐ Vital Signs ☐ Weigh patient

Consults:

☐ Cardiac Rehab Consult for teaching
☐ Request for anesthesia to provide postoperative advanced pain management
☐ Consult to Endocrinology (Non-Diabetes) ☐ Consult to Diabetes APP service

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
☐ Comfort Measures Only ☐ 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 ☐ Comfort measures only ☐ Refused
☐ Thrombocytopenia ☐ Bleeding Risk ☐ Active Bleeding ☐ Not indicated-low clinical risk

Pre op Meds:

☐ Acetaminophen (Tylenol) 1000 mg PO X1 pre op
☐ Famotidine (Pepcid) 20 mg IV X1 pre op
☐ Dexamethasone (Decadron) 4 mg IV X1 pre op IF diabetic and glucose is greater than 180, HOLD dose and call anesthesia
☐ Gabapentin (Neurontin) 600 mg PO X1 pre op IF patient greater than 70 years or SCR greater than 1.4 give Gabapentin (Neurontin) 300 mg PO X1 pre op
☐ Chlorhexidine (Peridex) 0.12% solution - 15 ml Swish for 30 seconds & Spit X1 after pre op meds. No mouth rinsing X30 minutes.

☐ **No pre op antibiotics needed**

Pre-operative Antibiotics:

***Required: *Any open-heart surgery including mediastinal re-exploration**

☐ Cefazolin 2 g IVPB pre op X1 if greater than 120 kg give Cefazolin 3 g IVPB pre op X1 in addition to Cefazolin if high risk: Vancomycin 15 mg/kg IVPB pre op X1 **Alternate if cephalosporin allergy or anaphylaxis to PCN:** give Vancomycin 15 mg/kg IVPB pre op X1 and Aztreonam (Azactam) 2 g IVPB pre op X1

***Required: *Pacemaker or defibrillator implant**

☐ 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** give Vancomycin 15 mg/kg IVPB pre op X1

Physician Signature _____ Date: _____ Time: _____