

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ H: \_\_\_\_\_ C: \_\_\_\_\_

Facility \_\_\_\_\_ Date of Surgery: \_\_\_\_\_ Start Time \_\_\_\_\_ Length (Min) \_\_\_\_\_

**Anesthesia Type:**  General  Spinal  Regional/Block  MD Sedation  RN Sedation  Local

**Primary Surgeon:** \_\_\_\_\_ **Combo Case:**  No  Yes: **Second Surgeon:** \_\_\_\_\_

**Patient Allergies?**  NKDA  Yes:  Latex  Other \_\_\_\_\_

**Pt Status:**  Inpatient  Outpatient **Post OP Bed?**  No  Yes  ICU

**PERMIT TO READ:** \_\_\_\_\_  
 \_\_\_\_\_

**HonorHealth to Perform Preoperative Medical Evaluation? SOMC ONLY**  No  Yes

**PRE-OP ORDERS FOR SURGERY**

Please check boxes for clarity.

**1. LABS:**

- UA  Urine, C&S if indicated  Hepatic Function Panel  CBC  PT/INR
- BHCG Qualitative (Blood)  Potassium  Comp Metabolic Panel  CBC/Diff  PTT
- BHCGUA (Urine)  BMP  Lipid Panel  H&H  ISTAT
- Type and Screen  Type & Crossmatch \_\_\_\_\_ units of PRBCs  Other: \_\_\_\_\_

**2. TESTS:**  CXR-Single View  CXR-PA & Lateral(2 view)  EKG  KUB Date \_\_\_\_\_ Time \_\_\_\_\_

- Image Guided Needle Localization Site: \_\_\_\_\_ Performed by:  BHRC  SMIL  Surgeon \_\_\_\_\_
- Nuclear Medicine Injection Site: \_\_\_\_\_ Performed by:  BHRC  SMIL  Nuc Med \_\_\_\_\_

**3. PREOP MEDICATIONS:** \*To ensure appropriate dosage, please provide patient height and weight\* Height \_\_\_\_\_ FT \_\_\_\_\_ IN Weight \_\_\_\_\_ LBS

- Prophylactic Antibiotics per Honor Health Protocol (see back of page)
- Or Other Antibiotics \_\_\_\_\_
- Start IV 1000 mLs LR @ to keep open (Substitute 0.9% NaCl for Diabetes and Renal Disease) Other: \_\_\_\_\_
- May use Lidocaine 1% .3-.5 mL intradermal PRN for IV insertion

**4. ERAS:**  Follow HonorHealth \_\_\_\_\_ (fill with surgery specialty) ERAS Protocol

**5. BLOOD GLUCOSE TESTING:**  per HonorHealth Protocol

**6. VTE CHEMICAL PROPHYLAXIS:**  per HonorHealth Protocol (where in place) or Other: \_\_\_\_\_

- 7. VTE MECHANICAL PROPHYLAXIS:**  Plexi Pulse  TED Hose:  RIGHT  AK  BK  LEFT  AK  BK  Bil  AK  BK
- Sequential Compression Device:  RIGHT  AK  BK  LEFT  AK  BK  Bil  AK  BK

**8. SKIN PREP- PRE-OP:** \_\_\_\_\_

**IMPLANTS/VENDORS/SPECIAL NEEDS:** \_\_\_\_\_  
 \_\_\_\_\_

VOID ON CALL TO OR

**Above orders may include Anesthesia recommendations**

Physician Signature: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

GENERIC INTERCHANGE AND AUTOMATIC THERAPEUTIC INTERCHANGE FOR SPECIFIC DRUGS AS APPROVED BY THE MEDICAL STAFF ARE PERMITTED

KEY:

C/R- COMPUTER/REQUISITION  
 MAR- MEDICATION RECORD  
 ✓ - KARDEX NOTATED

**Chart / Media**

**Physician Orders**

PRE-OP ORDER FORM

Surgical Procedure Category	Recommended Antimicrobial**	Adult Dose	Antimicrobial Prophylaxis for B-Lactam (PCN) Allergies**	Adult Dose Pump required for administration
Cardiac, Thoracic Vascular	Cefazolin <sup>R</sup>	2 gm (<120 kg) 3 gm (≥120 kg)	Vancomycin	1 gm (< 70 kg) (over 60 mins) 1.25gm (70-100kg) (over 90 mins) 1.5 gm (≥ 100 kg) (over 90 mins)
Gastroduodenal/Biliary Tract	Cefazolin <sup>R</sup>	2 gm (<120 kg) 3 gm (≥120 kg)	Clindamycin <sup>R</sup> + Gentamycin	900 mg (over 30 mins)  5mg/kg (over 60 mins)
Colorectal	Cefazolin <sup>R</sup> + Metronidazole	2 gm (<120 kg) 3 gm (≥120 kg) 500 mg (over 30 min)	Ciprofloxacin + Metronidazole	400mg (over 60 mins)  500mg (over 30 mins)
Neurosurgery	Cefuroxime <sup>R</sup>	1.5 gm	Vancomycin	1 gm (< 70 kg) (over 60 mins) 1.25gm (70-100kg) (over 90 mins) 1.5 gm (≥ 100 kg) (over 90 mins)
General	Cefazolin <sup>R</sup>	2 gm (<120 kg) 3 gm (≥120 kg)	Vancomycin	See above
Gynecology	Cefazolin <sup>R</sup>	2 gm (<120 kg) 3 gm (≥120 kg)	Clindamycin <sup>R</sup> + Gentamycin	900mg (over 30 mins)  5mg/kg (over 60 mins)
Cesarean delivery	Cefazolin <sup>R</sup>	2 gm (<120 kg) 3 gm (≥120 kg)	Clindamycin <sup>R</sup> + Gentamycin	900mg (over 30 mins)  5mg/kg (over 60 mins)
Orthopedic- Total Joint Replacement (TJR)	Cefazolin <sup>R</sup>	2 gm (<120 kg) 3 gm (≥120 kg)	Vancomycin	1 gm (< 70 kg) (over 60 mins) 1.25gm (70-100kg) (over 90 mins) 1.5 gm (≥ 100 kg) (over 90 mins)
Orthopedic - Non- TJR	Cefazolin <sup>R</sup>	2 gm (<120 kg) 3 gm (≥120 kg)	Clindamycin <sup>R</sup>	900mg (over 30 mins)
Urologic	Cefazolin <sup>R</sup>	2 gm (<120 kg) 3 gm (≥120 kg)	Clindamycin <sup>R</sup> + Gentamycin	900mg (over 30 mins)  5mg/kg (over 60 mins)
Plastic Surgery	Cefazolin <sup>R</sup>	2 gm (<120 kg) 3 gm (≥120 kg)	Clindamycin <sup>R</sup>	900mg (over 30 mins)

**ADMINISTRATION TIME:** Antibiotic administration should be completed **20-60 minutes prior to incision** to ensure adequate tissue levels.

**ALLERGIES:** \*\*For the purposes of this document, symptoms of an **allergy** are: **hives, bronchospasm, hypotension, cardiovascular collapse.**

**R**  
**Re-dosing:** indicates repeat administration at indicated intervals if surgery is ongoing. **Cefazolin and Cefuroxime repeat dose Q 4 hrs; Clindamycin repeat dose Q 6 hrs.**

**A single dose of gentamicin 5mg/kg has been found to be safe and more effective than multiple (1.5mg/kg every either hours) in the prevention of surgical site infections. When used as a single dose for prophylaxis, the risk of toxicity from gentamicin is very low.**

**Post-Closure: no re-dosing.** In clean and clean-contaminated procedures, do not administer additional prophylactic antimicrobial agent doses after the surgical incision is closed in the operating room, even in the presence of a drain. **Except:** joint arthroplasty, cardiac procedures, breast reconstruction w/ implants.

**Patients on Scheduled Antibiotics:** antimicrobial prophylaxis is still indicated when antibiotics are being administered for an infection at a site remote from the incision in order to assure adequate tissue and serum levels at the time of incision. Antibiotic administration should be completed 20-60 minutes prior to incision.

**MRSA or high risk for MRSA:** consider Vancomycin. Risk factors include: known current colonization with MRSA, chronic wound care, dialysis, inpatient hospitalization for > 24 hrs prior to surgery, increased rate of MRSA due to: known facility risk, operation specific risk (i.e.-valve replacement), or other documented reason

**Questions or Concerns:** Pharmacy consultation.

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