

PRE-OP ORDER FORM GUIDELINES

PURPOSE: Standardize the ordering guidelines for our surgeon's offices and assist with accurate and complete preoperative testing to avoid delay of care. Please have patient complete all preoperative testing and consultations as early as possible. If patient has not had labs at time of PAT appointment, PAT will attempt to coordinate with the patient to have labs drawn. Please submit orders upon scheduling the case. This order is not a scheduling reservation form.

I. **DEMOGRAPHICS:**

Required fields:

- **Patient name, DOB, home phone** & cell phone if applicable.
- **Facility, date of surgery, Start time, length** (Min)
- **Anesthesia Type.** "Other" can be used to indicate the type of block or other anesthesia type requested.
- **Primary surgeon**, please include full name. **Combo cases:** Please indicate full name of second surgeon including first and last name. Collaborate with second surgeon to coordinate surgery and agreed surgery orders.
- **Patient allergies**
- **Patient Status**
- **Permit to read.** Please write/type full consent for surgery with no abbreviations. Consent should match what patient is signing and agreeing for their surgery.

HonorHealth to Perform Preoperative Medical Evaluation. Pre-admission testing at the Osborn and JCL locations has the ability to do Preoperative Evaluations with a physician and complete all testing prior to surgery. This is currently only available to surgeries booked at the Osborn and JCL locations. Please call 480-583-0280 for the Osborn location and 602-870-6315 for the JCL location to arrange the patients visit and mark "Yes" on the order form.

- If the patient does not have a Primary Care Physician and needs a Preoperative evaluation, please call the HonorHealth Medical Group-Jomax at 480- 882-7580 to arrange a patient appointment.

II. **PRE-OP ORDERS FOR SURGERY:**

1. LABS:

- Please indicate any lab work the patient will need to have done before surgery within a HonorHealth outpatient lab, or day of surgery in Pre-Op. PAT will coordinate with the patient to have labs drawn prior to surgery whenever possible. Patients having labs drawn at an outside facility such as PCP, Sonora Quest, LabCorp do not need labs indicated on the order form.
- If any labs are needed other than what is listed, please use the "other" box to indicate labs needed.

2. TESTS:

- Please indicate any testing patient will need to have done before surgery within HonorHealth or day of surgery in Pre-Op. PAT will coordinate with patient to have any chest x-rays or EKG prior to surgery whenever possible. Patient needing more detailed testing such as MRI, Nuclear Medicine, Ultrasound, and Interventional Radiology (IR) will need to be coordinated by the surgeons' office with the patient. Patients having testing done at an outside facility such as PCP, SMIL, SimonMed, do not need testing indicated on order form.
- If any testing is needed other than what is listed, please use the "other" box to indicate testing needed. This includes any other department such as Ultrasound, Interventional Radiology (IR), or Nuclear Medicine that's needed for your surgical case.

- **For Breast Cases:** Please indicate the wire localization and/or Nuclear Medicine site, who will be performing, and where.

3. MEDICATIONS:

- **Prophylactic Antibiotics per HonorHealth Protocol.** HonorHealth has an evidence-based protocol available for surgeon approved specialties on what antibiotic is indicated for their specialty. If patients have a Penicillin (PCN) allergy, this provides the PAT nurses with a backup antibiotic to order. To dose the patient correctly, a height and weight must be listed on the form.
- **Other Antibiotics.** If the surgeon does not want to use the HonorHealth Antibiotic Protocol and an alternate antibiotic needs to be ordered, please list it here. **If no antibiotics are needed for the surgery, please indicate "none."**
- **Pre-Op Medications.** If the patient needs medications other than antibiotics in Pre-Op, such as the Enhanced Recovery After Surgery (ERAS) medications, please indicate here.
- **OR Medications.** If the patient needs medications in the operating room (OR) such as Tranexamic Acid, Exparel, Botox, or Mitomycin, please indicate here.

4. LINES:

- **Preselected Intravenous (IV) Fluids.** Surgery patients have an IV inserted day of surgery with IV fluids per HonorHealth patient care policy.
- **Lidocaine** can be used by the Pre-Op RN to numb the IV insertion site, please indicate if wanting this option available for patient.
- **Insert Arterial line.** If the patient needs an arterial line for surgery, please indication if this is to be placed in Pre-Op or in the Operating Room (Intra-op). Please indicate preferred laterality if applicable.

5. ENHANCED RECOVERY AFTER SURGERY (ERAS):

- **ERAS Diet:** This box is for surgeons that do not currently have a service line pathway but would like the ERAS reinforcement by PAT as they instruct in their office. Checking this box indicates the patient is to have the ERAS Diet and education has been provided within the surgeons office. If wanting ERAS medications, and not using an established pathway(see below), please indicated with which ones in the Pre-Op Medication section. The PAT RN will reinforce the ERAS diet which has already been provided by surgeons office in the Preoperative Interview. Please see the ERAS diet below:
 - Patient stops solid food at a time designated by the surgeon. This is typically 6-8 hours before surgery. Once solid food is stopped patient may have **clear liquids only**. Examples of clear liquids include:
 - Water
 - Fruit juices **without** pulp, such as apple or white grape. No orange juice.
 - Gelatin in lemon, lime or orange flavors only
 - Fat-free broth or bullion
 - Clear carbonated drinks such as Sprite®
 - Clear sports drinks like Gatorade®
 - Plain coffee or tea **without** creamer or milk.
 - The patient may continue clear liquids until **2 hours before the time of surgery** (times may vary depending on surgeon preference). This may include a preoperative drink to be consumed as directed by the surgeon.
 - If carb drink is requested by surgeon, patient will drink 12 ounces of **Gatorade® or a preoperative drink such as Ensure Pre-Surgery®**. The whole drink needs to be finished according to instructions provided by the surgeon.
 - **Exception:** Patients with **Diabetes do not drink Gatorade® or Ensure Pre-Surgery®**.
- **ERAS Pathway:** ERAS Pathway Order sets are being created for different surgery specialties. These pathways/orders are entered by the facility PAT department. Currently, the GYN, Colorectal, Total Knee and Total Hip Surgery , ACDF and Lumbar Microdiscectomy are the only pathways completed.

6. BLOOD GLUCOSE TESTING:

- Per HonorHealth Protocol: All HonorHealth locations glucose test every patient for Diabetes or elevated blood glucose day of surgery. This protocol provides the Preoperative RN with the medications to treat elevated glucose and notify necessary providers of the glucose values.

7. VTE (Venous thromboembolism) PROPHYLAXIS:

- **VTE Chemical Prophylaxis:** HonorHealth screens all patients for their VTE risk. This screening tool will suggest the evidence-based blood clot prevention medical for the patient and their personal risk. This suggestion will be provided to you as the surgeon to decide if this recommendation is right for your patient.

8. VTE MECHANICAL PROPHYLAXIS:

- **VTE Mechanical prophylaxis:** Please indicate if you would like your patient to have compression hose (TED hose) or Compression Devices (SCD) to be applied in Pre-Op and worn postoperatively.

III. SKIN PREP PRE-OP:

- If your patient needs to have their surgical site cleaned or hair removed. Please indicate the location and the instructions here.

IV. IMPLANTS/VENDORS/SPECIAL NEEDS:

- Please indicate here if any special equipment, vendors, or implants will be needed in the operating room.

V. VOID ON CALL TO OR:

- As a standard of care, all patients will use the restroom to void before going to the operating room.

VI. PLEASE PRINT FOR PHYSICIAN SIGNATURE.

Please Fax Orders to:

All future case orders are to be faxed upon scheduling to:

|480-882-7874

If the case is scheduled for anything earlier than two days out, please fax directly to facility:

Osborn Pre-admission Testing:

|480-882-6885

Shea Pre-admission Testing:

|480-323-3287

Piper Pre-admission Testing:

|480-323-3946

Thompson Peak Pre-admission Testing:

|480-882-5836

John C. Lincoln North Mountain Pre-admission Testing:

|602-870-6090

Deer Valley Pre-admission Testing:

|623-879-5821

Patient Name: _____ DOB: _____ H: _____ C: _____

Facility _____ Date of Surgery: _____ Start Time _____ Length (Min) _____

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

Primary Surgeon: _____ Combo Case: No Yes: Second Surgeon: _____

Patient Allergies? NKDA Yes: Latex Other _____

Pt Status: Inpatient Outpatient Post OP Bed? No Yes ICU Length of stay? _____

PERMIT TO READ:

PRE-OP ORDERS FOR SURGERY

Please check boxes for clarity.

1. LABS:

- UA BMP CBC CBC/Diff PT/INR PTT H&H ISTAT
 POCT Urine Preg (per HH Protocol) BHCG Qualitative (blood) BHCGUA (Urine) Urine, C&S if indicated Comp Metabolic Panel
 Type and Screen Type & Crossmatch _____ units of PRBCs Other: _____

2. TESTS:

- CXR-Single View CXR-PA & Lateral(2 view) EKG KUB
 Other: _____ Date _____ Time _____
 Image Guided Needle Localization Site: _____ Performed by: BHRC SMIL Surgeon
 Nuclear Medicine Injection Site: _____ Performed by: BHRC SMIL Nuc Med

3. 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) Other Antibiotics _____
 Pre-op Medications: _____ OR Medications: _____

4. LINES

- Start IV 1000 mLs LR @ to keep open (Substitute 0.9% NaCl for Diabetes and Renal Disease) Other: _____
 May use Lidocaine 1% .5 mL intradermal PRN for IV insertion
 Insert Arterial line: Intra -op Pre- op Laterality: LEFT RIGHT No Preference

5. ENHANCED RECOVERY AFTER SURGERY(ERAS):

- ERAS DIET *DOCUMENT ERAS MEDICATIONS WITHIN PRE-OP MEDICATION FIELD ABOVE*
 ERAS PATHWAY ORDER SET: GYN Colorectal Total Knee Total Hip ACDF Lumbar Microdiscectomy
Orders are placed by PAT department. Order sets include ERAS Diet education reinforcement.

6 BLOOD GLUCOSE TESTING: per HonorHealth Protocol

7 VTE CHEMICAL PROPHYLAXIS: per HonorHealth Protocol

8 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

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

Surgical Procedure Category	Recommended Antimicrobial**	Adult Dose	Antimicrobial Prophylaxis for B-Lactam (PCN) Allergies**	Adult Dose Pump required for administration
Cardiac, Thoracic Vascular	Cefazolin ^R	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 ^R	2 gm (<120 kg) 3 gm (≥120 kg)	Clindamycin ^R + Gentamycin	900 mg (over 30mins) 5mg/kg (over 60 mins)
Colorectal <i>*Includes uncomplicated appendectomies</i> <i>*Excludes Hemorrhoidectomies</i>	Cefazolin ^R + 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 ^R	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 ^R	2 gm (<120 kg) 3 gm (≥120 kg)	Vancomycin	See above
Gynecology	Cefazolin ^R	2 gm (<120 kg) 3 gm (≥120 kg)	Clindamycin ^R + Gentamycin	900mg (over 30 mins) 5mg/kg (over 60 mins)
Cesarean delivery	Cefazolin ^R	2 gm (<120 kg) 3 gm (≥120 kg)	Clindamycin ^R + Gentamycin	900mg (over 30 mins) 5mg/kg (over 60 mins)
Orthopedic- Total Joint Replacement (TJR)	Cefazolin ^R	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 ^R	2 gm (<120 kg) 3 gm (≥120 kg)	Clindamycin ^R	900mg (over 30 mins)
Urologic	Cefazolin ^R	2 gm (<120 kg) 3 gm (≥120 kg)	Clindamycin ^R + Gentamycin	900mg (over 30 mins) 5mg/kg (over 60 mins)
Plastic Surgery	Cefazolin ^R	2 gm (<120 kg) 3 gm (≥120 kg)	Clindamycin ^R	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.

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