

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

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

Anesthesia Type: General Local Spinal MAC Moderate Sedation Block (type): _____ Other: _____

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

Patient Allergies? NKDA Yes: Latex Other _____

Pt Status: Pre-Inpatient Outpatient Post OP Bed? No Yes ICU Length of stay? _____ Direct Admit Date _____

PERMIT TO READ (NO ABBREVIATIONS):

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 Pane Other: _____

2. TESTS:

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

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

6. BLOOD GLUCOSE TESTING:

per HonorHealth Protocol

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

SKIN PREP- PRE-OP:

Frozen Section Needed? YES Routine or Complex? Routine Complex

IMPLANTS/VENDORS/SPECIAL NEEDS/OUTSIDE PREOP EVALUATIONS REQUESTED FOR SX:

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