HONORHEALTH

PRE-OP ORDER FORM

Orders required within 24 hours of booking F: 480-882-7874

☐ Revised Orders date/time: _____

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

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

Anesthesia Type: ☐ General ☐ Local ☐ Spinal ☐ MAC ☐ Moderate Sedation ☐ Block (type): _____ ☐ Cardiac Anesthesia
☐ Other: _____ ☐ ICD-10-CM Diagnosis Codes: _____

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?** _____

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 ☐ 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: _____
☐ Pt. PCN reaction/intolerance noted by provider, proceed with administration of Ancef as listed above.
☐ 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:

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

☒ **VOID ON CALL TO OR** **Above orders may include Anesthesia recommendations**

Physician Signature: _____ Office Phone Number: _____

Print Physician Name: _____ Date: _____ Time: _____

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

KEY: C/R-COMPUTER/REQUISTION
MAR- MEDICATIONRECORD
√ - KARDEX NOTATED

Chart / Media
Physician Orders