HONORHEALTH®

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 other anesthesia type requested.
- ***ICD-9-CM Diagnosis Codes***
- ***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.

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 patientis 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 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/ OUTSIDE PREOP EVALUATIONS REQUESTED FOR SX:

- Please indicate here if any special equipment, vendors, or implants will be needed in the operating room.
- Please include the names and specialty of any physicians where the patient is to have a PreOp Evaluation/ consult in preparation for the their surgery.

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 ENSURE DATE, TIME AND OFFICE NUMBER ARE LISTED.

- Physician signature, date and time are needed on all orders.

Please Fax Orders to:

All surgical documents including clinical orders need to be faxed within 24 hours of booking to: |480-882-7874

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

☐ **Wound/Ostomy RN Consult:** Stoma Marking

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

HONORHEALTH

HonorHealth Antibiotic Grid: Recommended Antimicrobial Prophylaxis for Surgery

Surgical Procedure Category	Antimicrobial	Adult Dose	B-Lactam (PCN) Allergies	Adult Dose
Cardiac, Thoracic, Vascular	**Cefazolin**[R]	2 gm (<120 kg) 3 gm (≥120 kg)	Vancomycin	1 gm (< 70 kg) (over 90 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] **+ Gentamicin**	900 mg (over 30 mins) 5mg/kg (over 30 mins)
Routine Colorectal^	**Cefazolin**[R] **+ Metronidazole**	2 gm (<120 kg) 3 gm (≥120 kg) 500 mg (over 30 min)	**Clindamycin**[R] **+ Gentamicin**	1 gm (< 70 kg) (over 90 mins) 1.25gm (70-100kg) (over 90 mins) 1.5 gm (≥ 100 kg) (over 90 mins)
Urgent/Emergent X-LAP with high probability to convert to Colorectal	**Cefazolin**[R] **+ Metronidazole OR CefoxitinR**	2 gm (<120 kg) 3 gm (≥120 kg) 500 mg (over 30 min) 2 gm	**Clindamycin**[R] **+ Gentamicin**	5mg/kg (over 30 mins) 900mg (over 30 mins)
Neurosurgery	**Cefuroxime**[R] **OR CefazolinR**	1.5 gm 2 gm (<120 kg) 3 gm (≥120 kg)	**Clindamycin**[R] **+ Gentamicin**	1 gm (< 70 kg) (over 90 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**	1 gm (< 70 kg) (over 90 mins) 1.25gm (70-100kg) (over 90 mins) 1.5 gm (≥ 100 kg) (over 90 mins)
Gynecology Hysterectomy (or multiple procedures including hysterectomy)	**Cefazolin**[R] **+ Metronidazole**	2 gm (<120 kg) 3 gm (≥120 kg) 500 mg (over 30 min)	**Clindamycin**[R] **+ Gentamicin**	900mg (over 30 mins) 5mg/kg (over 30 mins)
Colporrhaphy, sling placement, lap without entry into bowel or vagina+	**Cefazolin**[R]	2 gm (<120 kg) 3 gm (≥120 kg)	**Clindamycin**[R] **+ Gentamicin**	900mg (over 30 mins) 5mg/kg (over 30 mins)
Uterine evacuation (suction D&C, D&E)	**Doxycycline (PO)**	200mg	**Clindamycin**[R] **+ Gentamicin**	900mg (over 30 mins) 5mg/kg (over 30 mins)
Cesarean delivery	**Cefazolin**[R] **+ If high-risk* add Azithromycin**	2 gm (<120 kg) 3 gm (≥120 kg) 500mg (over 60 min)	**Clindamycin**[R] **+ Gentamicin**	900mg (over 30 mins) 5mg/kg (over 30 mins)
Orthopedic Total Joint Replacement (TJR)	**Cefazolin**[R]	2 gm (<120 kg) 3 gm (≥120 kg)	**Vancomycin**	1 gm (< 70 kg) (over 90 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] **+ Gentamicin**	900mg (over 30 mins) 5mg/kg (over 30 mins)
Plastic Surgery	**Cefazolin**[R]	2 gm (<120 kg) 3 gm (≥120 kg)	**Clindamycin**[R]	900mg (over 30 mins)

ADMINISTRATION TIME: Pre-operative antibiotic administration should be COMPLETED 0-60 minutes prior to incision. EXCEPTION: vancomycin should START infusing 60-120 minutes prior to incision due to its prolonged infusion time.

MRSA or high risk for MRSA: consider adding 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.

R Re-dosing: indicates repeat administration at indicated intervals if surgery is ongoing. Cefazolin/Cefuroxime repeat dose Q 4 hours, Clindamycin repeat dose Q 6 hours, Cefoxitin repeat dose Q 2 hours. Consider re-dosing earlier if significant blood loss (>1.5 L)

^:Elective colon resection add ciprofloxacin 500mg plus metronidazole 500mg q 2 hours x 2 doses following bowel preparation the evening prior to surgery .

*High-risk for chorioamnionitis: non-elective, ruptured membrane, >100 kg, diabetic

+: Consider cefazolin

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 with ongoing therapeutic antibiotics: Antimicrobial prophylaxis for prevention of surgical site infection is indicated regardless of if a patient is on antibiotic therapy for another indication.

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