

## UNIVERSAL PRE-OPERATIVE PHYSICIAN'S ORDERS

PATIENT NAME:	DOB:
DATE OF SURGERY:	DIAGNOSIS:
PROCEDURE:	PHYSICIAN NAME:
ALLERGIES:	

### **PREADMISSION TESTING**

Pre-Op Protocol

*(The following testing will be performed on patients meeting the criteria listed and who are undergoing anesthesia for surgery or invasive procedure, unless provided by your office)*

**CBC:** If history of infection, anemia, or expected blood loss during surgery or female greater than the age of 12

**BMP:** If history of renal, cardiopulmonary, or hypertensive disease or diabetes or taking diuretics or potassium

**CMP:** If history of multisystem disease (debilitating disease), liver or gallbladder disease

**PT/PTT:** If history of bleeding, or liver disease, or taking anticoagulants

**Serum Drug Level:** If patient taking seizure medications

**ABG on room air:** If severe COPD, patient on home O2, or room air saturation less than 92%

**Chest X-Ray:** If history of CHF, smoking greater than 20 years, history of lung disease, O2sat less than 92%

**EKG:** Male over age 40 or Female over age 50, history of MI, angioplasty, stent, pacemaker, Coronary artery disease (CAD), risk factors for CAD (chest pain, history of smoking, MI or Diabetes)

**MRSA nasal swab/PCR** screen for high risk patients and/or patients having orthopedic, spine, vascular surgery with implants

**Hibiclens shower** the night before and morning of surgery for patients undergoing Abdominal, Colorectal, Bariatric, Orthopedic, Spine, Vascular cases. CHG wipes from chin to toes front and back for patient's that haven't completed showers.

1. Pre-op testing completed outside of LCMC       Results to be provided by my office

2. Additional Lab

Type and Cross \_\_\_\_\_ Units Packed Red Blood Cells

Type and Screen: If history of hematologic abnormalities or anticipated surgical blood loss

Have \_\_\_\_\_ units single donor platelets available in Blood Bank

Have \_\_\_\_\_ units FFP available in Blood Bank

\_\_\_\_\_

\_\_\_\_\_

3. NPO after midnight the night before surgery

4. Reconcile patient's home medications(s).

5. If patient is taking a beta-blocker, Instruct patient to take beta blocker with a sip of water on the morning of surgery.

6. Call abnormal lab and testing results to Physician's office.



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PATIENT IDENTIFICATION

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PATIENT NAME:

DOB:

## DAY OF SURGERY

Patient instructed to report to hospital at: \_\_\_\_\_

*Guideline for arrival time is 1.5 hours prior to scheduled case time.*

1.  Admit as Inpatient Status     Place patient in Outpatient Status

2. Consent for: \_\_\_\_\_

Disclosure:  Standard Per list A&B

Other disclosure: \_\_\_\_\_

3. Start IV in Day Surgery.

4. Fluids:

For Non-renal, non-diabetic patients: Lactated Ringers 1000 ml Bag @ 30ml/hr

For Renal and Diabetic patients: 0.9% NaCl 1000 ml @ 30 ml/hr

Other IV Fluid \_\_\_\_\_ @ \_\_\_\_\_ ml/hr

5. Labs:

Pregnancy Test: If female age 12-50 who have not had a hysterectomy. Call surgeon if positive.

If diabetic, obtain finger stick blood glucose prior to surgery

I STAT Chem 8

\_\_\_\_\_

6. DVT Prophylaxis

SCD's applied to lower legs for all surgery patients unless contraindicated

Apply TED Compression stockings in Day Surgery

### Pharmacologic Options:

None indicated (patient is low risk, patient refused, contraindicated)

Heparin 5000 units SubQ to be given upon arrival or prior to surgery

Enoxaparin (Lovenox) 40mg SubQ X 1 dose to be given upon arrival or prior to the surgery

Enoxaparin (Lovenox) 30mg SubQ X 1 dose (for CrCl<30ml/min) to be given upon arrival or prior to the surgery X 1 dose

7. Mupuricin (Bactroban) 2% ointment to each nares morning of surgery X 1 dose for Joint Replacements, Spine Surgery, Vascular Implants and Cardiac Surgery.

8. Beta Blocker: If the patient normally takes a Beta Blocker and has not taken the Beta blocker with a sip of water the morning of surgery or it has been greater than 24 hrs since last taken, contact anesthesia for orders to administer medication prior to surgery or to obtain an order for post-op administration in PACU if no contraindications documented.

9. CHG bath cloths from chin to toes for Abdominal, Ortho, Spine and Vascular Surgery.

10.  Place Foley in OR

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

3/4 ID \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_



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11. The following antibiotic(s) will be initiated within 60 minutes *prior* to incision (120 minutes for vancomycin and levofloxacin). Post-operative prophylactic antibiotics should be discontinued within 24 hours (48 hours for cardiac cases).

12. \*Vancomycin IV may be used for the following SCIP approved indications (documentation required): history of major/anaphylactic reaction to penicillins/cephalosporins, known colonization with MRSA, acute inpatient in hospital, nursing home, or extended care facility within the last year, chronic wound care or dialysis, continuous inpatient stay more than 25 hours prior to principal procedure. Vancomycin dose is calculated using actual body weight, rounded to the nearest 250mg, and not to exceed 3g. Vancomycin may not be used as a single agent in cardiac cases.\*\*Gentamicin 5mg/kg IV based on the adjusted ideal body weight is recommended dose only for patients with normal renal function. For patients with abnormal renal function consider an alternative to gentamicin or consult pharmacy for dosing prior to surgery.

SURGICAL PROCEDURE	APPROVED ANTIBIOTIC	PENICILLIN/B-LACTAM ALLERGY
<b>Cardiac</b> Heart Surgery (redose cefazolin when patient comes off bypass. **For any valve surgery choice must include Vancomycin **	<input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg) <b>OR</b> <input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg) + Vancomycin 15mg/kg IV* <i>Reason: (must check one)</i> <input type="checkbox"/> positive/incomplete MRSA swab <input type="checkbox"/> history of MRSA colonization/infection <input type="checkbox"/> Other _____	<input type="checkbox"/> Vancomycin 15 mg/kg IV* + Gentamicin 5 mg/kg IV** <b>OR</b> <input type="checkbox"/> Vancomycin 15 mg/kg IV* + Levofloxacin 500mg IV (Vancomycin monotherapy is only recommended for post-op)
<b>Pacemaker, Thoracic &amp; Vascular</b> Insertion, lead revisions, upgrades, replacements, reposition, repositioning, & insertion of pacing leads & pocket revision.	<input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg) <b>OR</b> <input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg) + Vancomycin 15mg/kg IV* <i>Reason: (must check one)</i> <input type="checkbox"/> positive/incomplete MRSA swab <input type="checkbox"/> history of MRSA colonization/infection <input type="checkbox"/> Other _____	<input type="checkbox"/> Clindamycin 900mg IV <b>OR</b> <input type="checkbox"/> Vancomycin 15 mg/kg IV*
<b>Upper GI/Complex Abdominal</b> (including feeding tube placements/revisions/conversions, Pancreas, Trauma, Complex Biliary)	<input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg)	<input type="checkbox"/> Clindamycin 900mg IV+ Levofloxacin 500mg IV <b>OR</b> <input type="checkbox"/> Clindamycin 900mg IV + Gentamicin 5mg/kg IV**
<b>General</b> Hernia repair (hernioplasty and herniorrhaphy)	<input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg) <b>OR</b> <input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg) + Vancomycin 15mg/kg IV* <i>Reason: (must check one)</i> <input type="checkbox"/> history of MRSA colonization/infection <input type="checkbox"/> Other _____	<input type="checkbox"/> Clindamycin 900mg IV <b>OR</b> <input type="checkbox"/> Vancomycin 15mg/kg IV*
<b>Colorectal Surgery and Transrectal Prostate Biopsy</b> (Colectomy, Proctectomy, Appendectomy)	<input type="checkbox"/> Cefoxitin 2 gm IV (repeat in 2 hours for prolonged procedures or excessive blood loss) <input type="checkbox"/> Cefuroxime 1.5 gm IV + Flagyl 500 mg IV (repeat cefuroxime in 4 hours for prolonged procedures or excessive) <input type="checkbox"/> Ceftriaxone 2 gm IV + Metronidazole 500 mg IV (does not require redosing)	<input type="checkbox"/> Metronidazole 500mg IV + Levofloxacin 500mg IV <b>OR</b> <input type="checkbox"/> Metronidazole 500mg IV + Gentamicin 5mg/kg IV**
<b>Gynecology</b> Hysterectomy (vaginal or abdominal) Pubovaginal Sling Paravaginal defect repair (including repair of cystocele)	<input type="checkbox"/> Cefazolin 2 gm IV (3gm for >120kg) <input type="checkbox"/> Cefoxitin 2 gm IV (as alternative regimen)	<input type="checkbox"/> Clindamycin 900mg IV+ Levofloxacin 500mg IV <b>OR</b> <input type="checkbox"/> Metronidazole 500mg IV + Gentamicin 5mg/kg IV** <b>OR</b> <input type="checkbox"/> Clindamycin 900mg IV + Gentamicin 5mg/kg IV**
<b>Obstetrics</b> (Cesarean delivery)	<input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg ) <input type="checkbox"/> Cefoxitin 2 gm IV (as alternative regimen)	<input type="checkbox"/> Clindamycin 900mg IV + Gentamicin 5mg/kg IV**
<b>Otolaryngology/Oral Maxillofacial</b>	<input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg) <b>OR</b> <input type="checkbox"/> Ampicillin/Sulbactam 3gm IV	<input type="checkbox"/> Clindamycin 900mg IV <b>OR</b> <input type="checkbox"/> Vancomycin 15 mg/kg IV*
<b>Orthopedics/Spinal Procedures/Podiatry</b> (including knee/hip, shoulder, wrist, & ankle procedures)	<input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg) <b>OR</b> <input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg) + Vancomycin 15mg/kg IV* <i>Reason: (must check one)</i> <input type="checkbox"/> positive/incomplete MRSA swab <input type="checkbox"/> history of MRSA colonization/infection <input type="checkbox"/> Other _____	<input type="checkbox"/> Clindamycin 900mg IV <b>OR</b> <input type="checkbox"/> Vancomycin 15mg/kg IV*
<b>Urology</b> (See colorectal surgery for transrectal prostate biopsy) (See gynecology for Pubovaginal Sling)	<input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg) <b>OR</b> <input type="checkbox"/> Cefazolin 2gm IV (3gm for >120kg) + Gentamicin 5mg/kg IV** <b>OR</b> <input type="checkbox"/> Ampicillin-sulbactam 3gm IV	<input type="checkbox"/> Clindamycin 900mg IV <b>OR</b> <input type="checkbox"/> Gentamicin 5mg/kg IV** <b>OR</b> <input type="checkbox"/> Clindamycin 900mg IV + Gentamicin 5mg/kg IV**

**ALLERGIES: Physician initials here if patient can receive B-lactams despite stated allergies:** \_\_\_\_\_

NKDA  OTHER \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date/Time \_\_\_\_\_



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