

Pre-Operative Orders Surgery Consent Form is attached

Patient Name		Surgeon	Allergies
Date of Surgery		Primary Care Physician	Consult
<input type="checkbox"/> Admit to Inpatient		<input type="checkbox"/> Place in Observation	<input type="checkbox"/> Place in Outpatient
Pre-op Diagnosis			
Surgical Procedure			
Type of Anesthesia: <input type="checkbox"/> Block for Postoperative Pain <input type="checkbox"/> General <input type="checkbox"/> Regional <input type="checkbox"/> MAC <input type="checkbox"/> Local <input type="checkbox"/> AOC			
LAB TESTS (within 30 days, except for TYPE & Screen. Time to determine is at Pre-Op appointment)			
H—ordered and completed at hospital; P—ordered and completed at Physician's office			
H P <input type="checkbox"/> CBC w/Diff, if indicated	HP <input type="checkbox"/> Type & Screen	HP <input type="checkbox"/> Pregnancy Test (serum)	
<input type="checkbox"/> UA w/C&S, if indicated	<input type="checkbox"/> Type & Crossmatch _____ # units	<input type="checkbox"/> PT/INR & PTT	
<input type="checkbox"/> BMP	BB Armband _____	<input type="checkbox"/> PFA-100 (Platelet Function)	
<input type="checkbox"/> CMP	<input type="checkbox"/> Other _____	<input type="checkbox"/> Magnesium	
Diagnostics (EKG required: males 40 years old and older; females 45 years old and older)			
<input type="checkbox"/> EKG	<input type="checkbox"/> Stress Tests	<input type="checkbox"/> PFT	HP
<input type="checkbox"/> Recent copy of EKG (w/in 6 months)	_____ Lexiscan	<input type="checkbox"/> ABG's	<input type="checkbox"/> MRSA by nares
<input type="checkbox"/> ECHO	_____ Adenosine	<input type="checkbox"/> Other	<input type="checkbox"/> COVID 19
<input type="checkbox"/> CXR	_____ Dobutamine		
Intra-Operative			
<input type="checkbox"/> TED Hose <input type="checkbox"/> Knee <input type="checkbox"/> Thigh High <input type="checkbox"/> Foot Pump <input type="checkbox"/> Cell Saver <input type="checkbox"/> SCD (Sequential Compression Device) <input type="checkbox"/> Intra-OP Foley Catheter			
Pre-Operative			
DECONTAMINATION PROTOCOL (for all general surgery, total joint, and gyn surgery patients that are 18 years or older with no allergies/intolerances to components)			<input type="checkbox"/> No Protocol
1) Chlorhexidine 0.12% Oral Solution, 15 ml. Patient to rinse mouth with contents of cup for 30 seconds. Patient is not to swallow or dilute. Have patient expectorate when done rinsing. No rinsing with water after use. 2) Chlorhexidine 2% cloths: Wipe patient with cloths, according to manufacturer's directions • Contraindicated in pregnancy/breastfeeding/procedures on mucous membranes and above the neck 3) Povidone Iodine Swabs: Swab patient's nares according to manufacturer's directions.			
Preoperative Parenteral Anti-infectives <input type="checkbox"/> Check this box if no anti-infectives necessary pre-operatively			
Notes: Pharmacy to renal dose all appropriate anti-infectives. Cefazolin and vancomycin dosing is for adults for all surgery types.			
<input type="checkbox"/> Cefazolin 2 GM IV (for patient weight up to 120kg)	<input type="checkbox"/> Cefazolin 3 GM IV (for patient weight over 120kg)	<input type="checkbox"/> Cefazolin 1GM IV	
<input type="checkbox"/> Vancomycin (15 mg/kg) : _____ (not to exceed 2000 mg; round to nearest 250 mg)	Reason for Vancomycin use: <input type="checkbox"/> Beta Lactam Allergy <input type="checkbox"/> High Risk for MRSA	<input type="checkbox"/> Clindamycin 600 mg IV <input type="checkbox"/> Clindamycin 900 mg IV <input type="checkbox"/> OTHER:	
Other Anti-infectives for colon surgery only			
<input type="checkbox"/> Metronidazole _____ mg IV (With cefazolin above)	<input type="checkbox"/> Cefoxitin 2 GM IV	<input type="checkbox"/> Ertapenem 1GM IV	
Other Anti-infectives for Hysterectomies only			
If PCN allergic: Clindamycin 900 mg IV and gentamicin (4mg/kg) _____ IV		<input type="checkbox"/> Levofloxacin 500 mg IV	
<input type="checkbox"/> ERAS Protocol: Tylenol 1000mg po once; Neurotin 200mg po once - give both meds in Prep and Hold with sips of water prior to surgery			
<input type="checkbox"/> Shoulder Irrigation: Clindamycin 300 mg, Gentamicin 50 mg in 500 ml NS	<input type="checkbox"/> Laminectomy/Total Joint Irrigation: Clindamycin 900 mg, Gentamicin 300 mg in 3L NS	<input type="checkbox"/> Tobramycin Irrigation: 1.2 GM in 3L NS	
<input type="checkbox"/> Plastic Surgery Irrigation: 300,000 units Bacitracin, 3 GM Cefazolin, 240 mg Gentamicin in 3L NS	<input type="checkbox"/> Anterior Hip Injection: Ropivacaine 0.2% 60 ml, Epinephrine 1:1000 0.5 ml, Ketorolac 30 mg in 60 ml Syringe	<input type="checkbox"/> Irrisept® Wound Debridement and Cleaning system	
Coagulant Therapy			
<input type="checkbox"/> Tranexamic acid 1 GM IV 15 minutes prior to incision and repeated in 3 hours	<input type="checkbox"/> Tranexamic acid intraarticular injection: _____ GM in _____ ml NS	<i>Contraindications: Hx of thromboembolic disease (DVT, PE, MI, stroke, retinal vein or artery occlusion), cardiac stents. List is not all inclusive</i>	

Date _____ Time _____ Signature of Surgeon _____



Patient Label