Pre Procedure Physician Orders – Ortho/Spine/Neuro/Podiatry/ENT/Urology ESR

Authorization is given to dispense the generic equivalent

Patient Status:

☐ Admit to Inpatient Status: _____ (medical reason).

☐ Place patient in Outpatient Status: _____ (medical reason).

☐ Place patient in Outpatient Status and begin observation services: _____ (medical reason).

Location: _____ Assign to Physician: _____

☐ I certify that the ordered level of care is based on Medical Necessity as documented within this medical record. 42 CFR Section 456.60 – Certification/Recertification.

Diagnosis: _____

Allergies: _____ **Date of Surgery:** _____

Consent for: _____

_____

Medical Evaluation by Dr. _____

Labs/Dx tests are available at _____ office.

Pre-Admission Visit:

☐ CBC ☐ BMP ☐ PT ☐ PTT ☐ UA reflex ☐ EKG ☐ CXR

☐ Type and Screen ☐ Type and X-match for _____ Units. ☐ Autologous Units _____.

☐ Other: _____

☒ Active Surveillance screen for MRSA/MSSA colonization for dialysis patients, nursing home or other healthcare facility patients, incarcerated patients, history of open wound patients, open spine surgery patients, or total joint knee/hip patients.

☒ The patient will be given instructions for: **a**. "Pre-surgical Home Scrub" with chlorhexidine; **b**. Pre-surgical carbohydrate-rich beverage; **c**. If Surveillance screening is positive, Mupirocin nasal ointment.

☒ No solid food after midnight. Clear liquid diet up to 2 hours prior to surgery.

☒ If patient is on Beta Blockers, instruct the patient to take the morning of surgery with a sip of water.

Day of Procedure:

IF the patient has not taken their beta blocker within the last 24 hours, then administer:
(Drug/Dose/Route of Administration) _____

IV: ☐ LR at 100mL/hr. ☐ Normal Saline at 100mL/hr. ☐ IVF _____ at _____ml/hr.

VTE Prophylaxis:

☐ Intermittent pneumatic compression devices (SCD'S)

☐ Graduated compression stockings

☐ Heparin 5,000 units subcutaneous x 1 pre-operative

☐ Heparin contraindicated due to _____

***Physician Signature**: _____ ***Date:** _____ ***Time:** _____

***Physician Name (BLOCK LETTERS):** _____

***Patient Name:** _____ ***DOB:** _____

***Required Information**

HCA Florida
St. Lucie Hospital

Pre Procedure Physician Orders – Ortho Spine Neuro Podiatry ENT Urology ESR

Patient Identification / Label

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Day of Procedure continued:

If MRSA screen is positive:

☒ Place patient on contact precautions.
☒ Mupirocin nasal ointment apply in each nare twice a day for 5 days.
☒ Vancomycin 15 mg/kg (rounded to the nearest 250 mg) IVPB within 120 minutes of incision.

Other:

☐ Acetaminophen 975 mg po with sips of water in pre-op holding
☐ Celecoxib (Celebrex) 200 mg po with sips of water in pre-op holding
☐ Pregabalin (Lyrica) 75 mg po with sips of water in pre-op holding

☐ Tranexamic Acid 1 gm IV pre-op and 1 gm IV intra-op
☐ NO Tranexamic Acid

Antibiotic Prophylaxis

☐ Cefazolin (Ancef/Kefzol) Weight less than 120 kg: 2 gram IVPB within 60 minutes of incision.
Weight of 120 kg or greater: 3 grams IVPB within 60 minutes of incision.

Alternative Therapies/Beta Lactam Allergy

☐ Clindamycin 900mg IVPB within 60 minutes of incision.
☐ Vancomycin 15 mg/kg (rounded to the nearest 250 mg) IVPB within 120 minutes of incision.
☐ Gentamicin 5 mg/kg (rounded to the nearest 10 mg) IVPB within 60 minutes of incision.

☐ Other _____

_____

☐ Equipment, Monitoring _____

☐ _____

☐ _____

***Physician Signature**: _____ ***Date:** _____ ***Time:** _____

***Physician Name (BLOCK LETTERS):** _____

***Patient Name:** _____ ***DOB:** _____

***Required Information**