

Do Not Use Abbreviations: U (for Unit), IU for International unit), Q.D., Q.O.D., Trailing Zero (X.0 mg) MS, MSO4 MgSO4

PRE-OPERATIVE ORDERS COLORECTAL

- Status: Admit to Inpatient Status (I certify that inpatient services are needed)
 Place Patient in Outpatient Status
 Place Patient in Outpatient Status and begin Observation Services

Admit to the service of:

PATIENT NAME (LAST):	FIRST NAME	DATE OF BIRTH:
DIAGNOSIS:		ANESTHESIA TYPE:

PROCEDURE CONSENT TO STATE:

DATE OF SURGERY/PROCEDURE	PHYSICIAN:	PRIMARY PHYSICIAN:	CPT CODES:
CPT CODE(S)			

ALLERGIE(S)

Type of Reaction(s):

Patient Weight: _____ kg

IV FLUIDS:

- Lactated Ringers @ 30 mL/hr on arrival to Preop
 0.9% Sodium Chloride @ 30 mL/hr on arrival to Preop

Preop antibiotics:

- Invanz 1 gm IV
 Flagyl 500mg IV
 400 mg Cipro IV and 500 mg Flagyl IV
 Cefazolin 1 gm IV for patient weight < 60 kg, infuse within 60 minutes prior to surgery
 Cefazolin 2 gm IV for patient weight 60-120 kg, infuse within 60 minutes prior to surgery
 Cefazolin 3 gm IV for patient weight > 120 kg, infuse within 60 minutes prior to surgery

EKG Done at: JFK PCP **Must Be Legible Copy**

Labs Done at: JFK Outside Testing

Please use Anesthesia Guidelines to determine testing.

- A1C
 CBC CBC w/Differential
 BMP (Basic Metabolic Panel) PT, PTT & INR
 CMP (Complete Metabolic Panel) Liver Profile
 Sickle Cell
 Urinalysis CEA
 Urinalysis with Culture Reflex
 Type & Screen PRBC # _____ units
 MRSA/MSSA Screening
 Urine BHCG (qual)
 Serum BHCG (qual)

Pre-Op Instructions:

- Pre-Op RN Confirm Bowel Prep
 Preop RN to Confirm Stool is Clear
 Preop RN to Confirm Po Antibiotics were taken

VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS

(must select one)

- Enoxaparin (Lovenox) 40mg subcutaneous x 1 Pre-Op
 Heparin 5,000 units subcutaneous x1 Pre-Op
 Calf-high Sequential Compression Device to be placed in Pre-Op
 Verify that the pre-Surgery drink was consumed 2 hours before surgery, if not and the pt is still before the 2 hour window, please drink at that time.

Pre-Albumin

Other Labs: _____

Anti Embolic Hose

Sequential Compression Device(s)

Case Management

to Arrange: _____

Incentive Spirometer

Physician Signature: _____ Date/Time: _____ / _____ / _____ at: _____

ENHANCED SURGICAL
RECOVERY PRE-OP ORDERS
COLORECTAL



Patient Identification/Label

PRE-OPERATIVE ORDERS COLORECTAL ENHANCED SURGICAL RECOVERY

Medications:

A. To be given in pre-op day of procedure

Patient given prescription to take the medication prior to arrival for surgery

Acetaminophen 975 mg PO x 1

Acetaminophen 650 mg liquid PO x 1

Acetaminophen 650 mg PO x 1

Acetaminophen 1gm IV x 1

Celecoxib 200 mg PO x 1 preop

Gabapentin (Neurontin) 600 mg PO x 1

Do not give if .75 or on dialysis

Gabapentin (Neurontin) 300 mg PO x 1 preop

Do not give if >75 or on dialysis

Other medication order: _____

Dexamethasone 4mg IV x1

Dexamethasone 8mg PO x 1
Do not give if diabetic

Scopolamine Hydrobromide 1 Patch Transderm Pre-Op. Apply upon arrival behind ear and give patient Scopolamine instruction sheet
Do not give if >65 or glaucoma

Alvimopan 12 mg PO X1 in Pre-Op
Alvimopan (Entereg) is contraindicated for patients taking therapeutic doses of opioids for more than 7 consecutive days IMMEDIATELY prior to taking Entereg. These patients are expected to be more sensitive to the effects of mu-opioid receptor antagonists, symptoms may include abdominal pain, nausea, vomiting, and diarrhea.

Ondansetron 4 mg Oral Dissolvable Tablet

4% Lidocaine Patch. Apply post-operatively in PACU proximal to surgical site

Medical Pre Op Evaluation: <input type="checkbox"/> No <input type="checkbox"/> Yes Dr.:	Phone: _____
Cardiac Pre Op Evaluation: <input type="checkbox"/> No <input type="checkbox"/> Yes Dr.:	Phone: _____
Other Pre Op Evaluation (Type): <input type="checkbox"/> No <input type="checkbox"/> Yes Dr.:	Phone: _____
Patient From Nursing Home/Extended Care Facility? <input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____	Phone: _____
<input type="checkbox"/> NPO AFTER MIDNIGHT, DATE: _____	

<p>Diet:</p> <p><input type="checkbox"/> No solid food after midnight the night before the procedure unless otherwise instructed by anesthesia.</p> <p><input type="checkbox"/> May have clear liquids (NO RED COLOR OR DYE) up to arrival time at JFK or until 2 hours before scheduled surgery.</p> <p><input type="checkbox"/> If instructed to do bowel prep prior to surgery, no solid food starting at midnight 2 nights prior to surgery.</p> <p><input type="checkbox"/> INSTRUCT PATIENT TO DRINK pre-surgery drink:</p> <p><input type="checkbox"/> Drink 2 bottles evening prior to surgery and drink one bottle at least 2 hours prior to scheduled surgery time.</p> <p style="text-align: center;">Do Not Administer Pre-Surgery Drink if Patient Type 1 Diabetic on Dialysis or Insulin Dependent</p> <p>If patient is Type 1 Diabetic, or Insulin Dependent, substitute Gatorade Zero for pre-surgery drink and instruct to drink one 20 oz. bottle the evening prior to procedure and one-half bottle of Gatorade zero 2 hours prior to scheduled procedure.</p> <p><input type="checkbox"/> Instruct patient to shower/bathe with 2% chlorhexidine gluconate (CHG) shower soap the night before surgery and repeat the morning of surgery.</p> <p><input type="checkbox"/> Upon arrival to preop have patient wipe body down with 2% chlorhexidine gluconate (CHG) wipes.</p>	<p><input type="checkbox"/> Chest X-Ray <input type="checkbox"/> JFK <input type="checkbox"/> Outside testing</p> <p><input type="checkbox"/> EKG Done at: <input type="checkbox"/> JFK <input type="checkbox"/> PCP</p> <p><input type="checkbox"/> Ostomy marking/teaching in Pre-Admission</p> <p>KUB day of procedure: _____</p> <p>MRI: _____</p> <p>CT: _____</p> <p>Obtain Test Results:</p> <p><input type="checkbox"/> MRA <input type="checkbox"/> VEIN MAPPING <input type="checkbox"/> OTHER: _____</p> <p>_____</p> <p>DONE AT: _____</p> <p>Other: _____</p> <p>_____</p>
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PERSON COMPLETING FORM:	NAME (PLEASE PRINT):	DATE:	TIME:
PHYSICIAN'S SIGNATURE:	PHYSICIAN'S NAME (PLEASE PRINT):	DATE:	TIME:

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