

## Pre-Procedure Physician Orders – Colo-Rectal 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: \_\_\_\_\_  
☐ Neomycin 1 gram orally and Flagyl 1 gram orally day prior to procedure  
☒ Active Surveillance screen for MRSA/MSSA colonization for dialysis patients, nursing home or other healthcare facility patients, incarcerated patients, or history of open wound patients.  
☒ The patient will be given instructions for **a.** "Pre-surgical Home Scrub" with chlorhexidine; **b.** Pre-surgical carbohydrate-rich beverage intake; **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 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



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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.

#### **Antibiotic Prophylaxis**

- ☐ Cefoxitin (Mefoxin) 2 gm IVPB within 60 minutes of incision.
- ☐ Flagyl 500 mg IVPB within 60 minutes of incision, **PLUS**  
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.

#### **If Beta Lactam Allergy**

- ☐ Flagyl 500 mg IVPB within 60 minutes of incision, **PLUS** one below:
  - ☐ Gentamicin 5 mg/kg IVPB within 60 minutes of incision.
  - ☐ Ciprofloxacin 400 mg IVPB within 60 minutes of incision.
  - ☐ Levofloxacin 500 mg IVPB within 60 minutes of incision.

#### **Pre-Op**

- ☒ Acetaminophen 975 mg po x 1 in pre-op holding
- ☒ Gabapentin 300 mg po x 1 in pre-op holding
- ☒ Celebrex 200 mg po x 1 in pre-op holding
- ☐ Decadron 4 mg IV x 1 in pre-op holding

#### **Alvimopan (ENTEREG)**

**For patient scheduled for a partial large or small bowel resection surgery with primary anastomosis.**

**By CHECKING all information the items listed, I confirm that I have verified the following conditions:**

- ☐ Patient is scheduled for a partial large or small bowel resection surgery with primary anastomosis
- ☐ Patient has not taken therapeutic doses of opioids for more than 7 consecutive days immediately prior to alvimopan (Entereg) therapy
- ☐ Patient does not have severe hepatic impairment
- ☐ Patient does not have end-stage renal disease
- ☐ No Complete Bowel Obstruction
- ☐ Patient is 18 years and older Pre-Op
- ☐ Alvimopan (Entereg) 12 mg capsule PO x 1 prior to transferring patient to pre-op holding area. May be given 30 minutes to 5 hours prior to surgery with 1 ounce of water only

**Other:** \_\_\_\_\_  
\_\_\_\_\_

**\*Physician Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_ **\*Time:** \_\_\_\_\_

**\*Physician Name (BLOCK LETTERS):** \_\_\_\_\_

**\*Patient Name:** \_\_\_\_\_ **\*DOB:** \_\_\_\_\_

**\* = Required Information**



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