

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

PODIATRY/ORTHOPEDIC PRE-OPERATIVE ORDERS

- 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 CODE(S)			

ALLERGIE(S)

Type of Reaction(s):

Patient Weight: _____ kg

PRE-OP MEDICATIONS:

IV FLUIDS:

- Peripheral IV access
 Lactated Ringers @ 30 mL/hr on arrival to Preop
 0.9% Sodium Chloride @ 30 mL/hr on arrival to Preop
 Other IV Fluids: _____

PRE-OP ANTIBIOTICS: Infuse within 60 minutes prior to surgery

- Patient weight < 60 kg: cefazolin 1 gm IV
 Patient weight 60-120 kg: cefazolin 2 gm IV
 Patient weight > 120 kg: cefazolin 3 gm IV

If beta-lactam allergy or has a history or risk for MRSA, give vancomycin; For hip or knee replacement, if positive or unknown MRSA nasal surveillance swab, give cefazolin with vancomycin:

Vancomycin Dose: Infuse within 120 minutes prior to surgery

- Patient weight < 50 kg: Vancomycin 750 mg IV over 60 minutes
 Patient weight 50 - 100 kg: Vancomycin 1 gm IV over 60 minutes
 Patient weight > 100 kg: Vancomycin 1.5 gm IV over 90 minutes

If beta-lactam and vancomycin intolerant, give clindamycin:

- Clindamycin 900 mg IV over 30 minutes, start 60 minutes prior to surgery

Enhanced Surgical Recovery

Patient Instructions: NO SOLID FOOD AFTER MIDNIGHT THE NIGHT BEFORE THE PROCEDURE.

MAY HAVE CLEAR LIQUIDS (NO RED DYE) UP TO ARRIVAL AT JFK OR UNTIL 2 HOURS BEFORE SCHEDULED SURGERY.

GIVE PATIENT THREE BOTTLES OF PRE-SURGERY DRINK WITH INSTRUCTIONS:

- DRINK 2 BOTTLES EVENING PRIOR TO SURGERY
- DRINK ONE BOTTLE AT LEAST 2 HOURS PRIOR TO SCHEDULED SURGERY TIME

PROVIDE PATIENT 2% CHG SHOWER SOAP WITH INSTRUCTIONS FOR USE THE NIGHT BEFORE SURGERY AND REPEAT THE MORNING OF SURGERY.

Day of Procedure: Verify that the patient took prescribed medications or receives all ordered medications in preop.

Verify that one pre-surgery drink was consumed 2 hours 4 hours prior to surgery, if drink was not consumed and patient is still before 2 hour window, please have patient drink at that time.

Have patient wipe body down with 2% Chlorhexidine Gluconate (CHG) cloths.

Physician Signature: _____ Print Name: _____ Date/Time: ____/____/____ at: _____

PODIATRY-ORTHO
PRE OPERATIVE ORDERS



POS JFKN-701-10004
Rev. 08/19 Page 1 of 2



2201 - 45th Street
West Palm Beach, FL 33407

Patient Identification/Label

PODIATRY/ORTHOPEDIC PRE-OPERATIVE ORDERS

MEDICATIONS: A. To be given in preop day of surgery, or B. Patient given script to take medication prior to arrival	A. Day of Surgery	B. Prior to Arrival	<i>Reminder: Contraindicated in patients with glaucoma or elevated intraocular pressure</i> <i>Reminder: Do not give if age >65</i>
<input type="checkbox"/> Acetaminophen 975 mg PO x 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SCOPOLAMINE HYDROBROMIDE 1 PATCH TRANSDERM PREOP. APPLY UPON ARRIVAL BEHIND EAR and GIVE PATIENT SCOPOLAMINE INSTRUCTION SHEET
<input type="checkbox"/> Celecoxib 200 mg PO x 1	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Celecoxib 400 mg PO x 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS (must select one) <input type="checkbox"/> enoxaparin (Lovenox) 40 mg subcutaneous x1 preop <input type="checkbox"/> heparin 5,000 units subcutaneous x1 preop <input checked="" type="checkbox"/> Calf-high Sequential Compression Device to be placed in preop
<input type="checkbox"/> Gabapentin (Neurontin) 600 mg PO x 1 <i>Reminder: If age > 75, patient on dialysis, or <50kg weight, give:</i> <input type="checkbox"/> Gabapentin (Neurontin) 300 mg PO x 1	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ofirmev 1 gram IVPB over 15 minutes in preop	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Oxycodone SUSTAINED release (Oxycontin) 10 mg PO x1	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Oxycodone IMMEDIATE release (OxylR) 10 mg PO x 1	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Metoclopramide 10 mg IV x 1	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other medication order: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

EKG Done at: JFK North PCP

Must Be Legible Copy

Labs Done at: JFK North Outside Testing

Please use Anesthesia Guidelines to determine testing.

- A1C
- CBC CBC With Differential
- BMP (Basic Metabolic Profile)
- CMP (Complete Metabolic Profile)
- Liver Profile PT, PTT & INR
- Sickle Cell Urine BHCG (qual)
- Urinalysis CEA
- Urine Culture & Sensitivity
- Type & Screen
- Type & Cross X _____ units
- MRSA/MSSA Screening (required for all total knees and total hips)
- Other Labs: _____
- Incentive Spirometer
- Instruct 2% chlorahexadine bathing
- Case Management to Arrange:

- Rolling Walker

Medical Pre Op Evaluation: Phone: _____
 No Yes Dr.: _____

Cardiac Pre Op Evaluation: Phone: _____
 No Yes Dr.: _____

Other Pre Op Evaluation (Type): Phone: _____
 No Yes Dr.: _____

Other Pre Op Evaluation (Type): Phone: _____
 No Yes Dr.: _____

Patient From Nursing Home/Extended Care Facility? Phone: _____
 No Yes Name: _____

NPO AFTER MIDNIGHT, DATE: _____

Chest X-Ray
 JFK Outside testing

MRI: _____
CT: _____

Obtain Test Results:
 OTHER _____
DONE AT : _____

ADDITIONAL ORDERS: _____

Popliteal Block Single Catheter On Q Pump

PERSON COMPLETING FORM:	NAME (PLEASE PRINT): _____	DATE: _____	TIME: _____
PHYSICIAN'S SIGNATURE:	PHYSICIAN'S NAME (PLEASE PRINT): _____	DATE: _____	TIME: _____

Patient Name and Date of Birth (for offices) _____

PODIATRY-ORTHO
PRE OPERATIVE ORDERS



2201 - 45th Street
West Palm Beach, FL 33407

Patient Identification/Label