

Pre Procedure Physician Orders – Total Joint Knee/Hip 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 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 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**



PRE-PROCEDURE PHYSICIAN ORDERS TOTAL JOINT KNEE/HIP ESR



Patient Identification / Label

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.

If MRSA screen is UNKNOWN:

- ☐ 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

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**



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