The Christ Hospital 11/2013
Oncology-Gynecology SDS Pre-op Order Form
Fax to (513) 585-0169
Surgeon name
Phone Fax
THE FOLLOWING ABBREVIATIONS ARE NOT PERMITTED FOR USE:
IU,U (Units), QD (Daily), QOD (Every other day), 1.0 (1), .5 (0.5), MS, MSO4, MgSO4 (morphine sulfate, magnesium sulfate)

Patient Name :

Date of Birth

Surgery confirmation #

Oncology-Gynecology SDS Pre-Surgery Testing To be performed within 30 days, unless otherwise noted.
Note: T&S to be performed within 21 days, unless potential antibody issue identified

Pre-operative consultation to evaluate for risk factors prior to surgery, including review of systems:
☐ per PCP ☐ per PCP, may use hospitalists if not available ☐ per hospitalist ☐ per surgeon: date ____

☐ **General Anesthesia:** **PAT/SDS RN to check if criteria met**

If IDDM or greater than 50 years old	☐ 12 lead EKG- within 30 days of surgery
If greater than 75 years old	☐ EP1- within 30 days of surgery
If on Warfarin	☐ PT/INR
If in Renal Failure	☐ Potassium on Admission
If Diabetic	☐ Glucose on Admission

☐ **MAC Anesthesia:**

If in Renal Failure	☐ Potassium on Admission
If Diabetic	☐ Glucose on Admission
If on Warfarin	☐ PT on admission

☐ **Local anesthesia**

☐ **General or MAC Anesthesia:** **PAT/SDS RN to check if criteria met**
Urine pregnancy on day of surgery may perform ßHCG if unable to void.
☐ If Female 11-55 yrs, unless pt has had a hysterectomy
☐ If Female less than 11 yrs. that has begun menses
☐ If Female greater than 55 yrs and is less than one year post-menopausal, unless pt has had a hysterectomy

Labs: ☐ CBC ☐ PT/INR ☐ PTT ☐ CA-125
☐ Type & Screen, CBC ☐ Beta HCG (quantitative)
☐ EP1 ☐ LIVP ☐ Urinalysis ☐ Other: _____
Testing to be done at (outside facility): _____

☐ **EKG**: Reason _____

X-ray: ☐ Chest PA & Lateral **Reason:** _____ ☐ Other: _____

Day of Surgery **ALLERGIES**: _____

STATUS: ☐ **Admit to IP** ☐ **Ambulatory/outpatient**

IV: ☐ Normal Saline @ 125 ml/hr ☐ Insert Saline Lock

☐ Albuterol 0.5 mg by HHN with I.S. to follow ☐_____
☐ Pepcid 20 mg IVP on call ☐_____
☐ Heparin 5000 units subcut ☐_____

Antibiotics on call to OR:
☐ Cefazolin 2 Grams IVPB ☐ Cefazolin 3 Grams IVPB (weight greater than or equal to 120 kg)
☐ Unasyn 3 Grams IVPB

If Allergic, give:
☐ Clindamycin 900 mg IVPB with either ☐ Gentamicin 5 mg/kg IVPB or ☐ Levofloxacin 750 mg IVPB
☐ Metronidazole 500 mg IVPB with either ☐ Gentamicin 5 mg/kg IVPB or ☐ Levofloxacin 750 mg IVPB

Anti-embolism:
TED hose ☐ Knee high ☐ Thigh high **SCD** ☐ Knee high ☐ Thigh high
☐ Heparin _____units subcut

☐ O2 Sat on Room Air

☐ Anesthesia to place triple lumen catheter intra-op ☐ Epidural for anesthesia /post-op pain control

☐ ICU bed post-op

☐ Stat Fingerstick Glucose on arrival. Cover with Sliding Scale #

Physician Signature _____ Date/Time: _____