

**Neurosurgery Pre Surgery orders**

R3589 Rev. 09/2024 Page 1 of 1

To be performed within 30 days, unless otherwise noted.

Fax to (513) 585-0169

Surgeon name:

Phone:

Fax:

Patient Name :

Date of Birth

Surgery confirmation #

<b>Procedure Orders:</b> _____	
<b>WEIGHT (kg):</b> _____ <b>ALLERGIES:</b> _____	
<input type="checkbox"/> <b>General/MAC/Regional Anesthesia</b> <b>Pre Admission Testing/Same Day Surgery RN to check if below criteria is met</b> <b>ECG required</b> - within 6 months of surgery if: Diagnosis of: CAD, arrhythmia, CHF, CRF, arterial vascular disease, pulmonary disease (except asthma), DM <b>PT/INR day of surgery required</b> – if no documented INR of 1.1 or less within 48 hours of surgery if on Warfarin in the last 30 days <b>POCT Glucose day of surgery required</b> – if diabetic, if blood glucose is less than 71 mg/dL (or less than 100mg/dL and symptomatic) or if greater than or equal to 180 mg/dL, initiate Preop Diabetes/Glycemic Control Order Set and Notify Anesthesia. <b>Potassium day of surgery required</b> – if: 1) On dialysis or 2) Diagnosis of renal failure (not renal insufficiency or working transplant) Urine pregnancy (Beta HCG if unable to void) on day of surgery, unless patient has negative serum pregnancy test within 7 days of surgery – <b>required</b> if female with no history of hysterectomy <b>and:</b> 1) 11-55 years 2) Less than 11 years and has begun menses or 3) Greater than 55 years and less than one year post-menopausal <b>IV: Insert Peripheral IV day of surgery (and saline lock if needed per anesthesia)</b> Normal Saline @ 125 ml/hr (1000 ml bag) unless diagnosed with CRF then @ 50 ml/hr <input type="checkbox"/> Other IV _____	
<input type="checkbox"/> <b>Local Anesthesia</b>	
<b>Pre-operative consultation to evaluate for risk factors prior to surgery</b> <input type="checkbox"/> per PCP, may use hospitalists if not available <input type="checkbox"/> per hospitalist <input type="checkbox"/> per surgeon: date _____	
<input type="checkbox"/> <b>Request for anesthesia to provide postoperative advanced pain management</b>	
<b>Labs:</b> <input type="checkbox"/> CBC <input type="checkbox"/> PT/INR <input type="checkbox"/> PTT <input type="checkbox"/> Urinalysis <input type="checkbox"/> Type & Screen <input type="checkbox"/> COVID19 <input type="checkbox"/> Other _____ <input type="checkbox"/> Nursing Communication – Platelet Function Screen – Day of Surgery: If has taken NSAIDS, ASA, Plavix, or other like agent within 1 week of surgery <input type="checkbox"/> Swab each nares with Nozin as directed by manufacture. Do NOT administer if allergic to Jojoba, Vitamin E oil, or oranges-call provider to obtain order for mupirocin. Routine, ONE TIME, For 1 Occurrences, Pre-op (day of surgery) <input checked="" type="checkbox"/> Nursing Communication: HgbA1c for DIABETIC patients if not within last 30 days	
<b>Diagnostic Studies:</b> <input type="checkbox"/> ECG Reason: _____ <input type="checkbox"/> Chest X-ray PA & Lateral (within 6 months of surgery date) <b>Spine x-rays:</b> <b>Please choose level and view:</b> <b>Level:</b> <input type="checkbox"/> Cervical Spine (within 6 months) <input type="checkbox"/> Lumbar Spine (within 6 months) <input type="checkbox"/> Thoraco-Lumbar Spine (within 6 months) <b>View:</b> <input type="checkbox"/> AP <input type="checkbox"/> Lateral <input type="checkbox"/> Flexion <input type="checkbox"/> Extension <input type="checkbox"/> Other: _____ <b>Reason:</b> _____	
<b>VTE Mechanical Prophylaxis (MUST CHOOSE ONE):</b> <input type="checkbox"/> Place SCD prior to induction of anesthesia <input type="checkbox"/> Knee <input type="checkbox"/> Thigh <input type="checkbox"/> Foot <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> NO SCD needed-must give reason <input type="checkbox"/> Already anticoagulated <input type="checkbox"/> Ambulating <input type="checkbox"/> Patient Refused <input type="checkbox"/> Fall risk <input type="checkbox"/> Not indicated-low clinical risk	
<b>VTE Pharmacologic Prophylaxis:</b> <input type="checkbox"/> Heparin 5,000 units, subcutaneous, preop once <input type="checkbox"/> No pharmacologic VTE-must give reason <input type="checkbox"/> Already anticoagulated <input type="checkbox"/> Bleeding risk <input type="checkbox"/> Active bleeding <input type="checkbox"/> Patient Refused <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Not-indicated-low clinical risk	
<input type="checkbox"/> <b>No preop antibiotics needed</b>	
<b>Pre-Operative Antibiotics: *Required- *CSF shunt procedures, *Pain pump implant, *Spinal cord stimulator, &amp; *Spine</b> <input type="checkbox"/> Cefazolin 2g IVPB x1 if patient greater than or equal to 120kg    Cefazolin 3g IVPB x1 <b>Alternate if allergy give Clindamycin 900 mg IVPB x1</b> <input type="checkbox"/> History of MRSA infection Vancomycin 15mg/kg IVPB x1    Maximum dose of 2000 mg <input type="checkbox"/> <b>Enhanced Recovery Medications:</b> gabapentin 600 mg oral give 1.5 hours prior to surgery x1 and Oxycodone ER 10 mg oral pre-op x1	

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

