

**Orthopedic Pre Surgery Orders 2124 (MAJOR)**

R 3592 A Rev. 09/2024 Page 1 of 1 To be performed within 30 days, unless otherwise noted. Fax to (513) 585-0169

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Surgery Confirmation #**

Surgeon name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Procedure Orders:** \_\_\_\_\_

**WEIGHT (kg):** \_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_

**General/MAC/Regional Anesthesia** **Pre Admission Testing/Same Day Surgery RN to check if below criteria is met**  
**ECG required** - within 6 months of surgery **if:**  
Diagnosis of: CAD, arrhythmia, CHF, CRF, arterial vascular disease, pulmonary disease (except asthma), or DM  
**PT/INR** day of surgery **required** – if no documented INR of 1.1 or less within 48 hours of surgery if on Warfarin in the last 30 days  
**POCT Glucose** day of surgery **required** – 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  
**Potassium** day of surgery **required** – **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 – **required** if female with no history of hysterectomy **and:**  
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  
**IV: Insert Peripheral IV day of surgery (and saline lock if needed per anesthesia)**  
Normal Saline @ 125 ml/hr (1000 ml bag) unless diagnosed with CRF then @ 50 ml/hr  
 Other IV \_\_\_\_\_

**Local Anesthesia**

**Pre-operative consultation to evaluate for risk factors prior to surgery:**

per PCP, may use hospitalists if not available  per hospitalist  per surgeon: date \_\_\_\_\_  
 **Ambulatory pharmacist referral**  **Reason for referral: pharmacogenomics**

**Request for anesthesia** to provide postoperative advanced pain management.  **PT** evaluate & treat pre op joint replacement prior to day of surgery

**Nursing:**

Celecoxib (Celebrex) does not need to be stopped prior to surgery. All other NSAIDs should be stopped 7 days before  
 **Durable Medical Equipment: Walker (5" fixed front wheels)**  
 **2% Chlorhexidine Gluconate Wash cloths** to be used to operative site upon arrival  
 **Shoulder Arthroplasty Study** – Assess and Document Pain Score  
 Void on call to OR  
 Place foot pump prior to induction of anesthesia  
 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)

**Stockings**

Please choose:  Left leg  Right leg  Knee  Thigh  TED Hose  
 Carolon Stocking  Place on non-operative leg pre-op  
 Send other stocking home with patient  Send other stocking with patient to OR  
 Have cast split (bivalved)  
 Send any immobilizers, boots, splints, braces, slings, or cold therapy units with the patient to the OR  
 Leave splint with ACE wrap intact on patient

**Labs:**

CBC  Basic Metabolic Panel (EP1)  PT/INR  PTT  Type & Screen  Urinalysis with reflex microscopic  
 Urine Culture  HgbA1c  HgbA1c for diabetic total joint patients if not within last 30 days  \_\_\_\_\_  **Invitae Pharmacogenomics panel**

**Diagnostic Studies:**  **Chest X-ray PA & Lateral** (within 6 months of surgery date) **Reason:** \_\_\_\_\_

Other: \_\_\_\_\_ **Reason:** \_\_\_\_\_  **ECG Reason:** \_\_\_\_\_

**VTE Mechanical Prophylaxis: (MUST CHOOSE ONE)**

**Place SCD prior to induction of anesthesia**  Knee  Thigh  Foot  Right  Left  Bilateral  
 **NO SCD needed-must give reason**  Already Anticoagulated  Ambulating  Patient Refused  Fall risk  Not indicated-low clinical risk

**VTE Pharmacological Prophylaxis:**

**Heparin** 5,000 units, subcutaneous, preop once  
 **No pharmacologic VTE-must give reason**  Already Anticoagulated  Bleeding risk  Active bleeding  Patient Refused  
 Thrombocytopenia  Not-indicated-low clinical risk

**Meds:**

**No preop antibiotics needed**

**Pre-Operative Antibiotics: \*Required- \*Arthrodesis, \*Arthroplasty, \*Long bone procedures, \*ORIF, \* Spine, or other (CHOOSE ONLY ONE)**

Cefazolin 2 g IVPB x1; if patient greater than or equal to 120 kg Cefazolin 3 g IVPB x1; **Alternate if allergy give Clindamycin 900 mg IVPB x1**  
 History of MRSA infection Vancomycin 15mg/kg IVPB x1 Maximum dose of 2000 mg

Tranexamic acid 1 gm IVPB **Please choose:**  pre-op once  intra-op once at anesthesia induction  intra-op once at wound closure  
 Tranexamic acid 1 gm in sodium chloride 0.9%-total volume 50 ml, Intra-articular, intra-op once; Please send to OR with patient

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

