

Spine Pre Surgery orders

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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 #

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), 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 _____ **Request for anesthesia to provide postoperative advanced pain management****Nursing Communication:** 2% Chlorhexidine Gluconate wash cloths to be used to operative site upon arrival 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)Pre-Op: TED Hose Right Left Bilateral Height Knee Thigh Incentive Spirometer Pulmonary Function Test scheduled/results on chart**Labs:** CBC Renal (BMP) Type & Screen PT/INR PTT CBC w/ differential Fibrinogen
 Albumin Pre-Albumin HTLV Carboxyhemoglobin level Urine culture Urine Cotinine levels (COT) Urinalysis _____ Nursing Communication: HgbA1c for DIABETIC patients if not within last 30 days COVID19 **Enhanced Recovery Labs:** Hemoglobin & Hematocrit, Albumin, and Prealbumin**Diagnostic Tests:****X-ray:** Chest PA & Lateral (within 6 months) **Reason:** _____**EKG:** 12 Lead EKG **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 Pharmacologic 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 **No preop antibiotics needed****Pre-Operative Antibiotics: *Required -*Spine** 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 15 mg/kg IVPB x1 Maximum dose of 2000 mg **Enhanced Recovery Medications:** 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: _____

