

PRE-ADMIT TESTING <AND> PRE-OPERATIVE SURGERY ORDERS

STANDARD

1. Status: Admit to **inpatient** status Admit to ICU Consult Hospitalist Place in **outpatient** status
 2. For Dr. _____ Surgery Date: _____
 3. Diagnosis: _____
 4. Procedure: _____

Nurse to obtain signature on consent (Pt consented in office. DO NOT consent if pt. has additional questions)

5. Allergies: NKDA **OR** _____
 PAT Protocol: Yes Consult hospitalist for medical clearance.

- Obtain a pregnancy test for all females aged 9-57 unless hysterectomy or 1-year post menopause. Call surgeon if positive.
- MRSA/MSSA nasal swab/PCR screen for Cardiovascular, Colorectal, Spine or Total Joint surgery.
- Stop SSI protocol for Total Hips/Knees and CABG.: Hibiclens shower with 4% Hibiclens for a total of 5 days (+morning of surgery)
- Hysterectomy and Spine cases: Hibiclens shower with 2% Hibiclens the night before surgery.
- If patient taking beta blocker, instruct patient to take beta blocker with a sip of water on the morning of surgery.

Pre-op:

- Start IV in Outpatient Services on day of surgery. May use 0.5 ml lidocaine 1% subcutaneous at IV site prior to starting IV or may use cold spray topically on skin at IV site prior to starting IV.
- Mupriocin (Bactroban) 2% ointment to each nare morning of surgery x 1 dose for Joint Replacements and Spine surgery.
- DVT Prophylaxis: SCD's applied to lower legs for all surgery patients unless contraindicated.
- Obtain vital signs on arrival to pre-Op.
- Total Hip/Knee and CABG: CHG cloths bath from chin to toes on day of surgery.

PCR Covid-19 Per high risk protocol COVID Test (not high risk) ESR SPINE patients: LFT's Albumin HgbA1C
 CBC BMP CMP UA HIV HEP profile PT PTT ESR Liver Profile CRP
 Type & screen T&C _____ units pRBCs Autologous blood _____ units Finger stick blood glucose (Hx. Of DM)
 EKG CXR: AP/LATERAL X-ray: _____
 TED hose Other: _____

Fluids: For non-renal, non-diabetic patients: Lactated Ringers 1000 ml bag @ 30 ml/hr
 Other IV fluid: _____ @ _____ ml/hr (If KVO = 35mL/hr)

ENHANCED SURGICAL RECOVERY (ESR) Medications: (Must 2 of 3)

<input type="checkbox"/> Gabapentin 600mg PO x1 dose (300mg if >70 yrs old) pre-op <input type="checkbox"/> Lyrica 50 mg PO x1 dose pre-op <input type="checkbox"/> Celebrex 200mg PO x1 dose pre-op <input type="checkbox"/> Tylenol 1000mg PO x1 dose pre-op <input type="checkbox"/> Ketorolac 30mg IV x1 dose pre-op (Must <input checked="" type="checkbox"/> 2 of 3) <input type="checkbox"/> Oxycodone (IR) 10mg PO x1 dose pre-op <input type="checkbox"/> Zofran 4mg PO x1 dose pre-op <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Tranexamic Acid 1 gram IVPB Preop (Admin by anesthesia) For all Joint Orthopedic Cases unless contraindicated <input type="checkbox"/> Indocyanine Green Inj. 2.5 mg IV Pre-op (Give 90 min prior to surgery or upon arrival) <input type="checkbox"/> Lovenox 40 mg Subcutaneous x1 Pre- op <input type="checkbox"/> Heparin 5000 units Subcutaneous x1 Pre-op <input type="checkbox"/> Scopolamine 1.5 mg Transdermal x1 Preop <input type="checkbox"/> Decadron 4mg PO X1 dose pre-op <input type="checkbox"/> _____
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Medical City Plano: Fax 469-606-7680 Medical City Frisco: Fax 833-232-8795

Pt not a candidate for ESR (please specify): _____

Date: _____ Time: _____ Physician Signature: _____



PATIENT IDENTIFICATION