

OUTPATIENT SURGERY PRE-OP ORDERS

Patient Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Planned Date of Surgery: \_\_\_\_\_ Surgical Procedure: \_\_\_\_\_

Surgeon's Name: \_\_\_\_\_ FAX PRE OPERATIVE ORDER FORM TO: 678.474.7635

**PATIENT STATUS:**  Inpatient  Outpatient  Place in Observation Service

1. **Consult:**  Anesthesia for pre-operative testing  Other \_\_\_\_\_

2. **Diagnostics:**

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> CBC with differential                    | <input type="checkbox"/> PT, PTT                       | <input type="checkbox"/> U/A     |
| <input type="checkbox"/> Chemistry Basic                          | <input type="checkbox"/> Chemistry Comprehensive Panel | <input type="checkbox"/> B12     |
| <input type="checkbox"/> Type and Screen                          | <input type="checkbox"/> Cross Match # _____ of units  | <input type="checkbox"/> Hgb A1C |
| <input type="checkbox"/> Chest X- Ray                             | <input type="checkbox"/> MRSA screen                   | <input type="checkbox"/> Lipid   |
| <input type="checkbox"/> EKG ( <i>per Anesthesia guidelines</i> ) | <input type="checkbox"/> EKG per Surgeon Request       | <input type="checkbox"/> Iron    |
| <input type="checkbox"/> Other _____                              |  |                                  |

3. **Pre- op teaching:**  NPO after 11 pm ( unless otherwise ordered by anesthesia)  
 Shower with chlorhexidine gluconate 2% solution night before & day of surgery  
 Incentive Spirometer  Empty bladder

**DAY OF SURGERY**

4. **Regional Anesthesia:**  Femoral Block  Scalene Block  Other: \_\_\_\_\_

5. **Antiembotic:** Apply antiembotic device:  Sequential compression device  
Antiembotic stocking:  Thigh  Knee

6. **Pre-op Medication:**

- Lovenox \_\_\_\_\_ mg SubQ1 hour prior to surgery  
 Prevacid \_\_\_\_\_ mg 1 hour prior to surgery

7. **ANTIBIOTICS: Pre-op antibiotics to be initiated by Anesthesia Services. Antibiotics to be infused within 60 minutes prior to incision except Vancomycin which should be initiated within 120 minutes prior to incision.**

Redosing of Cefazolin to occur after 4 hours (if CrCl>50).  
Redosing of Clindamycin to occur after 6 hours.  
Redosing of Metronidazole to occur after 8 hours.

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