







ROUTINE PRE-OP HIP / KNEE / SHOULDER ARTHROPLASTY ORDERS					
Pre-Admission Labs and Diagnostics					
	Pre-Surgery Diagnosis:				
	Scheduled Procedure:	Allereise			
	Date of Procedure:Allergies: Precertification #:				
	☐ No Lab Tests Required				
	☐ Anesthesiology Consultation(Patients with Medical or Surgical issues)				
	□ Hab/Hat	□ Hrinalysis			
	☐ CBC w/diff	Pregnancy Test	☐ X-ray Type ☐ Ultrasound Type ☐ Type & Screen		
	D PT	☐ HBsAg	Ultrasound Type		
	□ PIT	☐ Sickle Cell Screening	☐ T&S (Crossmatch) # units PRBCs		
	☐ Blood Glucose ☐ Electrolytes–Na,K+,Cl,CO2	☐ Amylase			
	☐ BMP	☐ ECG	autologous Blood		
	☐ MRSA Screening				
Blood for pre-transfusion testing must be drawn within 48 hours of surgery. Typed and Screened blood can only be held 48 hours.					
Pre–Surgery Orders ☐ OPS (Outpatient Surgery) ☐ IP (Inpatient)					
	Vital Signs: ☐ Per Protocol ☐ Other				
	Diet: ☐ NPO ☐ NPO after ☐ LR at KVO or ☐ 100ml/hr ☐ 200ml/hr ☐ml/hr ☐ NS at KVO or ☐ 100ml/hr ☐ 200ml/hr ☐ml/hr				
		u No al RVO 01 u			
	RAS Protocol:				
Ensure Pre–Surgery Clear Carbohydrate Drink: Give 2–3 hours before induction of anesthesia. Consume product within 5 minutes.					
Di	xclude Pts w/HX of: iabetes Type 1; Uncontrolled diab	oetes Hia	stric emptying complications atal hernia		
H	emoglobin A1C>7.5% or per prov ncontrolled GERD		sphagia and is on thickened liquids		
	Pre-OP Antimicrobial Prophylaxis:				
	Ancef 2 Grams IVPB X 1 on call to the OR (start within 60 minutes of incision)				
	If patient weight > 120I	KG give			
	Ancef 3 Grams IVPB X 1 on call to OR (start within 60 minutes of incision)				
	Allergy to PCN/Beta – Lactam				
	Vancomycin 1 gram IVPB X 1 on call to OR (start within 120 minutes of incision) Pharmacy to renal dose.				
	If patient weight > 70KG give				
	Vancomycin 15mg/kg IVPB X 1 on call to OR (start within 120 minutes of incision) Pharmacy to renal dose.				
	OR				
	Cleocin 900mg IVPB IVPB X 1 on call to OR (start 30 within minutes of incision)				



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Medications:	
 □ Bicitra 30ml po (on–call to OR) □ Acetaminophen (Ofirmev) 1000MG IVPB (on–call to OR) □ Ibuprofen (Caldolor) 800MG IVPB (on–call to OR) □ Ketorolac (Toradol) 30 mg IVP x 1 (on–call to OR) □ Gabapentin 300MG PO x 1 (pre Op) 	☐ Transxamic Acid 1000 mg IV x 2 (on–call to OR) ☐ Dexamethosone 10 mg IV x 1 dose (on call to OR) ☐ Other
Consults: ☐ OT/PT Consult ☐ Care Management Consult	
Preparation: ☐ Incentive Spirometry Instructions/pre–admit ☐ Thigh / Knee High TED hose ☐ Sequential Compression Device in OR ☐ Patient Education	
Miscellaneous: ☐ H&P ☐ To be done on admit by ☐ Consult obtained from	
Block to Operative Side Consult Anesthesia for Peripheral Nerve Block Supraclavicular Interscalene Femoral Adductor Canal Other	
Minimum Testing Guidelines (Anesthesia Service): These guid replacement for medical judgment, and the patient's medical hindicate additional laboratory or diagnostic testing.	delines are suggested minimums. They are not nistory and/or the proposed surgical procedure may
No pre-operative laboratory testing is required for asymptomatic pathan 40 years of age, except for an Hgb/Hct for 0–6 months as per	atients without significant medical problems who are less protocol, and except for urine HCG.
ECG: Males, aged 40 and above require an ECG. Males and Fema	ales aged 50 and above require ECG
<u>CXR</u> : CXRs are not required in the absence of cardiorespiratory diwith the past six months is sufficient in the absence of a significant	sease. Inpatients with cardiorespiratory disease, a CXR change in status of the cardiorespiratory illness.
<u>Pregnancy Test:</u> A pregnancy test is required for all menstruating findicated due to sterility. This test will be a serum HCG if blood is	emales scheduled for anesthesia or surgery, unless not drawn for other tests. Otherwise it will be a urine HCG.