



## AMBULATORY SURGERY UNIT LAB & DIAGNOSTIC TESTS

| COFFEE REGIONAL MEDICAL CENTER   |  |   |        |  |  |
|--|--|---|--------|--|--|
|  | Scheduled Procedure:   |   |        |  |  |
| Date of Procedure:   | Allergies:Precertification #:  |   |        |  |  |
| ☐ No Lab Tests Required  | <ul> <li>Anesthesiology Consultation(Patients with Medical or Surgical issues)</li> </ul>  |   |        |  |  |
| □ Hgb/Hct □ CBC without diff □ CBC w/diff □ PT □ PTT □ CMP □ BMP □ Blood Glucose □ FSBS Day of Surgery □ Uric Acid □ Urinalysis w/ Micro | □ Urine HCG □ Serum Pregnancy □ Quant. HCG □ HBsAg □ Sickle Cell Screening □ Amylase □ Lipase □ Hepatic Panel □ COVID Swab □ Other Lab □ MRSA Screen | <ul> <li>□ Crossmatch# units autologous Blood</li> <li>□ Other blood products</li> <li>□ CXR</li> <li>□ KUB</li> <li>□ Other X-ray</li> <li>□ Ultrasound</li> <li>□ 12 lead ECG</li> <li>□ PFT</li> </ul> |        |  |  |
|  |  |   |        |  |  |
| Pre-Surgery Orders □ OP Vital Signs: □ Per Protocol Diet: □ NPO □ NPO after □ PRP Draw in ASU  | □ Other  | Inpatient) ☐ Unknown Length of Stay  LR at KVO or ☐ 100ml/hr ☐ 200ml/hr ☐ml/hr  NS at KVO or ☐ 100ml/hr ☐ 200ml/hr ☐ml/hr  NS (500ml bag) at KVO via microdrip tubing for renal pa                        | atient |  |  |
| Pre Op Antibotics:   |  |   |        |  |  |
| □ Pre–Op Antibiotic in ASU/OR holding area   |  |   |        |  |  |
| ☐ Bacterial Endocarditis Prophy  | rlaxis: Consult  | Pharmacy/Anesthesia   |        |  |  |
| ☐ Ancef 2gm IVPB x 1 on call   | to OR (Start within 60 min of incis  | sion) for pt weight < 120kg   |        |  |  |
| ☐ Ancef 3gm IVPB x 1 on call to OR (Start within 60 min of incision) for pt weight > 120kg   |  |   |        |  |  |
| If allergic to PCN/B Lactam Allergy OR Patient at increased risk for infection.  |  |   |        |  |  |
| ☐ Vancomycin 1gm IVPB x 1 c  | n call to OR (Start within 120 mir   | of incision) Pharmacy to renal dose.for pt weight < 70 KG   |        |  |  |
| Uancomycin 15mg/kg IVPB x 1 on call to OR (Start within 120 min of incision) Pharmacy to renal dose. for pt weight ≥ 70 KG               |  |   |        |  |  |
| Cleocin 900mg IVPB x 1 on  | call to OR (Start within 30 min of   | incision)   |        |  |  |
| ****Pediatric Patient Pre  | Op Antibotics****  |   |        |  |  |
| ☐ Ancef weight based per Pharmacy on call to OR (Start within 60 min of incision)  |  |   |        |  |  |
| ☐ If allergic to Ancef notify MD for alternative.  |  |   |        |  |  |
| Other:   |  |   |        |  |  |
|  |  |   |        |  |  |
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## **Pre Op Medications:**

| Physician Signature  | Date / Time  |
|--|--|
|  |  |
| Labs: CBC and BMP are required for patients age 65 and old patients. FSBS is required day of surgery in diabetic patients,   | er. BMP is required for diabetic, renal and/or hypertensive      |
| <u>Pregnancy Test</u> : A pregnancy test is required for all menstruations blood is drawn for other tests, otherwise it will be a urine HCG  | ating females, unless not indicated due to sterility. Serum HCG  |
| No pre-operative laboratory testing is required for asymptothan 40 years of age.  ECG: Males aged 40 and above require an ECG. Females ag  | omatic patients without significant medical problems who are les |
| Minimum Testing Guidelines (Anesthesia Service): These replacement for medical judgment, and the patient's medindicate additional laboratory or diagnostic testing.  | ical history and/or the proposed surgical procedure may          |
| □ Patient Education  |  |
| ☐ Thigh / Knee High TED hose ☐ Sequential Compression Device applied and to  | urned on in OR   |
| Preparation: ☐ Incentive Spirometry: Instructions/pre–admit  |  |
| ☐ Yes ☐ No (Type of block)   |  |
| Consult Anesthesia for post-op pain block  |  |
| ☐ Care Management Consult  |  |
| Consults: ☐ OT/PT Consult  |  |
| Compulso   |  |
| <ul> <li>□ Tranexamic Acid 1 gram IV on call to OR</li> <li>□ Before Incision</li> <li>□ After Incision</li> <li>□ Tranexamic Acid weight based 15 mg/kg IV on ca</li> <li>□ Consult Pharmacy for PediatricTranexamic Acid I</li> <li>□ Nozin 1 pre op application of 2 ampules –swab easurgery.</li> </ul>  | V Dose.  |
|  |  |
| <ul> <li>□ Heparin 5,000 Units SubQ</li> <li>□ Acetaminophen (Tylenol) suppository by weight i</li> <li>□ Acetaminophen (Ofirmev) 1000 mg IVPB on call</li> <li>□ Ibuprofen (Caldolor) 800 mg IVPB (on-call to OF</li> <li>□ Ketorolac (Toradol) 30 mg IVP x 1 (on-call to OF</li> <li>□ Gabapentin 300 mg PO x 1 pre-op</li> <li>□ Scopolamine Patch 1.5 mg</li> <li>□ Other</li> </ul> | to OR<br>R)  |
|  |  |