





Scheduled Procedure:			
Date of Procedure:	Allergies:_	Weight	
Precertification #:			
□ No Lab Tests Required□ Anesthesiology Consultation(Patients with Medical or Sur	gical issues)	
☐ Hgb/Hct ☐ CBC w/diff ☐ PT ☐ PTT ☐ Blood Glucose ☐ Electrolytes-Na,K+,Cl,CO2 ☐ BMP ☐ MRSA Screening	 □ Urinalysis □ Pregnancy Test □ HBsAg □ Sickle Cell Screening □ Amylase □ Hepatic Panel □ ECG 	☐ Ultrasound Type☐ Type & Screen☐ T&S (Crossmatch)	# units PRBCs
Blood for pre-transfusion testing mube held 48 hours. Pre-Surgery Orders	(Outpatient Surgery)	P (Inpatient)	ml/hr
Pre-Surgery Orders ☐ OPS Vital Signs: ☐ Per Protocol ☐	(Outpatient Surgery)	P (Inpatient) 00ml/hr □ 200ml/hr □ _	ml/hr
be held 48 hours. Pre-Surgery Orders □ OPS Vital Signs: □ Per Protocol □ Diet: □ NPO □ NPO after	(Outpatient Surgery)	P (Inpatient) 00ml/hr □ 200ml/hr □ _ 00ml/hr □ 200ml/hr □ _	ml/hr
Pre-Surgery Orders OPS Vital Signs: Per Protocol Diet: NPO NPO after Pp Antibotics: Ancef on call to OR (Pharmacy to 2gm IVPB x 1 for pt weight 3gm IVPB x 1 for pt weight	(Outpatient Surgery) □ II Other □ LR at KVO or □ 1 □ NS at KVO or □ 1 o dose per weight, start 60 m < 120kg ≥ 120kg	P (Inpatient) 00ml/hr □ 200ml/hr □ _ 00ml/hr □ 200ml/hr □ _	ml/hr ml/hr
Pre-Surgery Orders OPS Vital Signs: Per Protocol Diet: NPO NPO after Pp Antibotics: Ancef on call to OR (Pharmacy to 2gm IVPB x 1 for pt weight 3gm IVPB x 1 for pt weight 1	(Outpatient Surgery) □ III Other □ LR at KVO or □ 10 □ NS at KVO or □ 10 o dose per weight, start 60 m < 120kg ≥ 120kg hacy to dose per weight, start	P (Inpatient) 00ml/hr □ 200ml/hr □ _ 00ml/hr □ 200ml/hr □ _ ninutes of incision) rt 120 minutes of incision)	ml/hr ml/hr
Pre-Surgery Orders OPS Vital Signs: Per Protocol Diet: NPO NPO after Pp Antibotics: Ancef on call to OR (Pharmacy to 2gm IVPB x 1 for pt weight 3gm IVPB x 1 for pt weight 1	(Outpatient Surgery) □ II Other □ LR at KVO or □ 1 □ NS at KVO or □ 1 o dose per weight, start 60 m < 120kg ≥ 120kg nacy to dose per weight, start for pt weight < 70 KG	P (Inpatient) 00ml/hr □ 200ml/hr □ _ 00ml/hr □ 200ml/hr □ _ ninutes of incision) rt 120 minutes of incision)	ml/hr ml/hr



ROUTINE PRE-OP HIP / KNEE / SHOULDER ARTHROPLASTY ORDERS

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 guidelines (Anesthesia Service): The service	delines are suggested minimums. They are not history 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 r protocol, and except for urine HCG.
ECG: Males, aged 40 and above require an ECG. Males and Fem	ales aged 50 and above require ECG
<u>CXR</u> : CXRs are not required in the absence of cardiorespiratory di with the past six months is sufficient in the absence of a significant	sease. Inpatients with cardiorespiratory disease, a CXR t change in status of the cardiorespiratory illness.
Pregnancy Test: A pregnancy test is required for all menstruating findicated due to sterility. This test will be a serum HCG if blood is	females scheduled for anesthesia or surgery, unless not drawn for other tests. Otherwise it will be a urine HCG.
Physician Signature	 Date/Time