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Pre-Op Surgery Orders v2

Service Designation

- Surgery Date _____
- Diagnosis _____
- Patient Name _____
- Procedure _____
- DOB _____
- Height _____
- Weight _____

Allergies

- Update Allergies with Reactions: _____

Diet

- NPO after _____

Laboratory

- CBC W Auto Differentiation
- Prothrombin Time - (PT/INR)
- Partial Thromboplast Time - (Partial Thromboplastin Time-PTT)
- Urinalysis
- Culture, Urine
- Metabolic Panel (Basic)
- Metabolic Panel (Complete)
- Rapid Plasma Reagin
- Glucose (Random)
- Pregnancy Test (Serum)
- Pregnancy Test (Urine)
- Blood Type
- Type & Screen
- Crossmatch _____Units
- MRSA Culture Screen (Nasal Swab)
- Blood Conservation Screen (CBC with diff, PT/PTT, iron profile, ferritin, reticulocyte count)

Radiology

- Chest PA & Lateral Xray

Cardiology

- Electrocardiogram - (12 Lead EKG)

Physician Signature: _____

Date / Time: _____

PATIENT STICKER



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Nursing Orders

- Insert Catheter Indwelling OR
- Insert Catheter Indwelling Pre-op Holding
- Sequential Compression Device (SCD) Left Calf
- Sequential Compression Device (SCD) Right Calf
- Sequential Compression Device (SCD) Left Foot
- Sequential Compression Device (SCD) Right Foot
- Reason for no SCD's

- CIRCLE ONE:

- Acquired deform lowr limb
- Amputation L leg
- Amputee – limb
- BKA right
- Burn of lower limb
- Congestive heart failure
- Deformity of leg
- Edema of lower extr
- Hypervolemia
- Ischemia peripheral
- Skin graft disorder
- Sensory neuropathy

- AKA left
- Amputation R leg
- At risk for falls
- Bil traum amp legs w comp
- Clouded consciousness
- Critical lower limb ische
- DVT lower extremity
- Hx lower limb amputation
- Injury of lower extremity
- Peripheral vascular dz
- Suspected DVT

- AKA right
- Amputee
- BKA left
- Bil traum amp legs wo com
- Confusional state
- Dermatitis
- Edema of leg
- Hx occl dz lower extr art
- Ischemia lower limb
- Surg proc on lower extr
- Vasc insufficiency limb

Other

- _____
- _____
- _____
- _____
- _____

Pre-OP

- Pre-OP done @: _____

Medications

- Antibiotics _____ grams IVPB
Vancomycin _____ grams IVPB if PCN allergic or MRSA +
- Other Antibiotics _____
- VTE Prophylaxis Heparin _____
- Other _____

Miscellaneous

- Prep for Procedure
 - Per Protocol
 - Additional or Other Prep
- Obtain Consent
 - Procedure
 - Blood Transfusion
 - Sterilization
- Other _____

Special

- Special : _____

Physician Signature: _____

Date / Time: _____





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Pre-Op Surgery Orders v2

CPT Codes

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

ICD-9

- ICD-9 : _____

Physician Signature: _____

Date / Time: _____

PATIENT STICKER