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Service Designation

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

Allergies

- Update Allergies with Reactions: _____

Diet

- Nothing By Mouth after _____

Laboratory

- CBC W Auto Differentiation (CBC-O) - if Hgb less than 13 g/dL run Reflex Studies:
include Iron Panel (serum iron, transferrin saturation), Ferritin Level, B-12 Level, Retic Count
- 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)
- Type & Screen
- Crossmatch _____ Units
- MRSA Culture Screen (Nasal Swab)
- _____

Radiology

- Chest PA & Lateral Xray
Reason for exam _____
- _____

Cardiology

- Electrocardiogram - (12 Lead EKG)
Reason for exam _____
- _____

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 AKA left AKA right
 - Amputation L leg Amputation R leg Amputee
 - Amputee – limb At risk for falls BKA left
 - BKA right Bil traum amp legs w comp Bil traum amp legs wo com
 - Burn of lower limb Clouded consciousness Confusional state
 - Congestive heart failure Critical lower limb ische Dermatitis
 - Deformity of leg DVT lower extremity Edema of leg
 - Edema of lower extr Hx lower limb amputation Hx occl dz lower extr art
 - Hypovolemia Injury of lower extremity Ischemia lower limb
 - Ischemia peripheral Peripheral vascular dz Surg proc on lower extr
 - Skin graft disorder Suspected DVT Vasc insufficiency limb
 - Sensory neuropathy

Other

- _____
- _____
- _____
- _____
- _____

Pre-OP

- Pre-OP done @: _____

Medications

- Antibiotics: Cefazolin (Ancef) _____ grams IVPB
if PCN allergic or MRSA + call Physician for Vancomycin orders
- Other Antibiotics _____
- VTE Prophylaxis Heparin _____
- Other _____

Miscellaneous

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

Special

- Special : _____

Physician Signature: _____

Date / Time: _____





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Pre-Op Total Joint Orders v3

CPT Codes

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

ICD-9

- ICD-9 : _____

Physician Signature: _____

Date / Time: _____

PATIENT STICKER
