Name:	
Date of Birth:	
Medical Record #:	

GRAND VIEW HEALTH 700 Lawn Avenue Sellersville, PA 18960

PHYSICIAN'S ORDERS PREOP TOTAL JOINT SURGERY

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1. General:		
Today's Date: Time:		
Date of Surgery:		
Preop Diagnosis: DJD Right Left Bilateral Hip Knee		
□ Total Shoulder □ Total Ankle □ Other: □ Patient Weight: KG		
Allergies: ☐ NKA ☐ Yes:		
 ☐ OK to give Ancef (cefazolin) if patient has PCN allergy ☐ OK to give Ofirmev (acetaminophen) if patient has acetaminophen allergies ☐ OK to give Ropivacaine Joint Mixture if patient has allergies to Ropivaca 		NSAIDs or Epinephrine
2. Preop Medications: a.) IV Fluids: 1000 mL LR @ 150 ml/hr		
b.) Antibiotic: Ancef (cefazolin) 2 gram IV (for weight less than 120 kg) Ancef (cefazolin) 3 gram IV (for weight greater than or equal to 120 kg) Vancomycin 1 gram IV Gentamicin 80 mg IV Other Antibiotic		
c.) Multimodal Pain Relief:		
 Neurontin (gabapentin) 300 mg PO x 1 dose preop * □ Ofirmev (acetaminophen) IV: patient is greater than or equal to 50 kg = 15 minutes immediately prior to going to the OR (Total Hip or Knee on □ Ofirmev (acetaminophen) IV: patient is less than or equal to 50 kg = 15 infused over 15 minutes immediately prior to going to the OR (Total Hip 	ly) mg/kg = Ofirme	
☐ Scopolamine (Transderm-Scop) 1.5 mg Patch to be applied preop *		
* Remove from Pyxis; all other medications sent from Pharmacy		
Physician Signature / #	Date	Time
SCANNED: Date Time	Initial	



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	Today's Date:		Time:			
		ry:				
	J	•				
d.)	Dexameth	nasone (Decadron) 8	mg IV push x 1 dose intrac	pp to be administered by ane	sthesia	
e.)	Tranexamic A	cid:				
	☐ Tranexami of surgery.		ml NSS to be administered	d over 15 minutes by Anesth	esia at the beginning	
				pon arrival to SSSU, adminitely postop, to be given by the		
	☐ No Tranex	amic Acid due to contr	raindications.			
	☐ Topical Tra	anexamic Acid 1 gm in	50 ml NSS syringe			
f.)	Naropin (Ropiv	vacaine) Joint Mixture	e:			
	☐ No Naropir		Mixture due to contraindica	-		
g.)	For Revisions	: antibiotic to be add	ed to cement:			
	☐ Tobramyci	n 1.2 gm powder:	vials			
	☐ Vancomyc	in 1 gm powder:	vials			
P	hysician Signa	ture / #		Date	Time	
	SCANNED:	Date	Time	Initial		

