GVH GRAND VIEW HEALTH

700 Lawn Avenue
Sellersville, PA 18960

Surgical Services: Elective Surgery Order Sheet

Patient Name _____ DOB _____ Date of Surgery _____

Procedure _____

_____

Surgeon _____ Duration _____ Procedure Codes _____

Diagnosis _____

ICD-10 _____

Status ☐ Outpt ☐ AM Admit ☐ Ext OP ☐ Direct Admit LOS _____ Postop bed request: ☐ ICU ☐ PCU

Referring MD _____

Clearances: ☐ Cardiology ☐ Medical ☐ Pulmonary Dates scheduled _____

Anesthesia type: ☐ TIVA ☐ Gen ☐ Spinal ☐ Regional block ☐ Local

Anesthesia to administer the following block for postoperative pain relief:

☐ Epidural ☐ TAP ☐ Cervical plexus ☐ Supraclavicular ☐ Interscalene

☐ Ankle ☐ Popliteal ☐ Femoral nerve ☐ Sciatic nerve ☐ Axillary

Study	Electronic EO	Pre	On admit	OK to Use	Comment (done on admit**)
CBC	☐	☐	☐	☐	
CMP	☐	☐	☐	☐	
Sed rate	☐	☐	☐	☐	
H/H	☐	☐	☐	☐	** All dialysis patients
Potassium	☐	☐	☐	☐	** All dialysis patients
PTT	☐	☐	☐	☐	**On anticoagulants and scheduled for regional anesth
PT	☐	☐	☐	☐	**On anticoagulants and scheduled for regional anesth
UA	☐	☐	☐	☐	
Urine culture and sensitivity	☐	☐	☐	☐	
Urine pregnancy	☐	☐	☐	☐	**All female age menarche to 57 no hx of hysterectomy
Type and screen	☐	☐	☐	☐	
Type and cross - # units	☐	☐	☐	☐	
Chest X ray	☐	☐	☐	☐	
KUB	☐	☐	☐	☐	
Ultrasound of _____	☐	☐	☐	☐	
EKG	☐	☐	☐	☐	
Other _____	☐	☐	☐	☐	
_____	☐	☐	☐	☐	
Sentinel Node Biopsy	☐ Isotope ☐ Mapping ☐ Lymphadema prevention Date scheduled _____				
Needle Localization	☐ Imaging guidance (TBD by Radiologist) ☐ MRI guidance				
Location of Biopsy	_____ Side _____ Location (Quadrant) _____				

Physician Signature _____ **Date** _____ **Time** _____

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Weight (kg) _____ ***Patient weight is required to prevent delays with pre-operative orders***

VTE prophylaxis ☐ Thigh hi TEDS ☐ Knee Hi TEDS ☐ Foot Pumps ☐ Compression Devices

ANTIBIOTICS - ADMINISTER ACCORDING TO SCIP CRITERIA

Allergies: _____

☐ **Cefazolin** 2 g IV preop (for patients less than 120 kg) ☐ **Cefazolin** OK to give with history of Penicillin allergy

☐ **Cefazolin** 3 g IV preop (for patients equal to or more than 120 kg)

Cefazolin (Pediatric): _____ **mg** (30 mg/kg) IV preop

Metronidazole (Flagyl) _____ mg IV Preop

Ampicillin _____ **mg** IV preop

Gentamicin _____ **mg** IV preop

Cefepime (Maxipime) _____ **gram** IV preop

Levofloxacin (Levaquin) _____ **mg** IV preop

Vancomycin _____ **GM** IV preop

Vancomycin _____ **mg** IV preop

Other _____

ANTICOAGULANTS - ADMINISTER ACCORDING TO ANESTHESIA DIRECTION

Heparin _____ units subcutaneously preop (hold until after epidural per anesthesia)

Enoxaparin (Lovenox) _____ mg subcutaneously preop (hold until after epidural per anesthesia)

OTHER

☐ **Emla cream** (Ela-max) and tegaderm to _____ on arrival

☐ **Scopolamine** (Transderm Scop) 1.5 mg patch - apply preop

☐ Intraoperative sinus flush: dispense to OR **Vancomycin** 100 mg in 10 ml 0.9% NSS

☐ Vein ablation surgery: Dispense to OR **Tumescent Solution: 500 ml NSS with 50 ml Lidocaine 1% with Epinephrine 1:100,000 and 5 mEq Sodium Bicarbonate 8.4%**

℞ SPU nurse to instruct the patient in the following for the day of surgery: Continue Beta Blockers, cardiac medications, anti-seizure medications, anti-reflux medications, inhalers and pain medication - take with a small sip of water; Hold ACE/ARB medications if spinal or general anesthesia; Hold diuretics; Hold antidiabetic medications if NPO; Hold herbal medications. **Notify surgeon if patient did not follow instructions regarding anticoagulants.**

ADDITIONAL ORDERS:

_____

_____

_____

_____

Physician Signature / # _____ **Date** _____ **Time** _____