

# Surgical Services: Elective Surgery Order Sheet

Date of Surgery \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Surgeon: \_\_\_\_\_ Referring MD: \_\_\_\_\_ PA: ☐ Yes ☐ No

Procedure: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

CPT Code: \_\_\_\_\_

ICD - 10: \_\_\_\_\_

Status: ☐ Outpt ☐ AM Admit ☐ Ext OP Postop bed request: ☐ ICU ☐ Stepdown ☐ Telemetry ☐ M/S ☐ Med/SurgAnesthesia type: ☐ TIVA ☐ Gen ☐ Spinal ☐ LMA ☐ Regional block ☐ Local ☐ Choice ☐ MAC (remote telemetry)

STUDY	PRE	ON ADMIT	OK to USE	COMMENT (**done on admit)
<b>CARDIOLOGY</b>				PCP: _____ Date: _____
EKG (all patients 40 and above)	<input type="checkbox"/>		<input type="checkbox"/>	Cardiologist: _____ Date: _____
<b>LABS</b>				
Complete Blood Count (CBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hemoglobin & Hematocrit (H/H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** All dialysis patients
Partial Thromboplastin Time (PT/PTT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	**On anticoagulants and scheduled for regional anesth
Prothrombin Time INR (PT/INR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	**On anticoagulants and scheduled for regional anesth
CMP with eGFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fasting <input type="checkbox"/> Non fasting
Type and Screen (T/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type and Cross (T/C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# OF UNITS _____
BMP with eGFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fasting <input type="checkbox"/> Non fasting
BGM (Blood Glucose)		<input type="checkbox"/>		
Hemoglobin A1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Potassium Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** All dialysis patients
Erythrocyte Sedimentation Rate (ESR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRP, Non-Cardiac-Not High Sens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TORCH Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>URINES</b>				
Urine with Reflex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** For all joints
Urinalysis (U/A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urine culture and sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urine pregnancy		<input type="checkbox"/>		**All female age menarche to 57 no hx of hysterectomy
<b>RADIOLOGY</b>				
Chest X ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KUB		<input type="checkbox"/>		
CT scan (MAKO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
CT scan (chest no contrast)		<input type="checkbox"/>		AM of procedure (Pulmonary only)
Savi Loc	<input type="checkbox"/>			<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
Sentinel Node Biopsy	<input type="checkbox"/> Isotope <input type="checkbox"/> Mapping <input type="checkbox"/> Lymphadema prevention			
Needle Localization	<input type="checkbox"/> Imaging guidance (TBD by Radiologist) <input type="checkbox"/> MRI guidance			
Other:				

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician Signature \_\_\_\_\_



## Surgical Services:

## Date of Surgery: \_\_\_\_\_ Elective Surgery Order Sheet

Page 2 of 2

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Weight (kg/lbs): \_\_\_\_\_ \*\*\*Patient weight is required to prevent delays with pre-operative orders\*\*\*

Clearances: ☐ Cardiology - Dr./Date \_\_\_\_\_ ☐ Medical - Dr./Date \_\_\_\_\_  
☐ Pulmonary - Dr./Date \_\_\_\_\_ ☐ Hematology - Dr./Date \_\_\_\_\_  
☐ Neurology - Dr./Date \_\_\_\_\_ ☐ Endocrine - Dr./Date \_\_\_\_\_  
☐ Other - Dr./Date \_\_\_\_\_

**ON ADMIT ORDER**

- ☒ On admit insert capped IV unless anesthesia type is local.  
☒ Hang IV fluids as per anesthesia type indicated on page one. (NO IV fluids for local anesthesia):  
 Start IV NSS 500 ML at KVO rate for all TIVA and Dialysis patients.  
 (Nursing may adjust fluid volume to 250 ml for Dialysis patients on admission.)  
 Start IV LR 1,000 ML at KVO rate for all General/Spinal/LMA/Regional block patients.

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

ALLERGIES: \_\_\_\_\_

**ANTIBIOTICS:**

- ☐ 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 (Adult) \_\_\_\_\_ 15 mg/kg IV preop (Pharmacy to dose and round up to nearest 250 mg prior to surgery.  
 Max dose 2 grams. SPU staff to weigh patient on arrival.)  
☐ Vancomycin (Pediatric) \_\_\_\_\_ mg IV preop  
☐ Other \_\_\_\_\_

**ANTICOAGULANTS - ADMINISTER ACCORDING TO ANESTHESIA DIRECTION**

- ☐ Heparin \_\_\_\_\_ units subcutaneous preop (hold until after epidural per anesthesia)  
☐ Enoxaparin (Lovenox) \_\_\_\_\_ mg subcutaneous preop (hold until after epidural per anesthesia)

**OTHER:**

- ☐ Scopolamine (Transderm Scop ) 1.5 mg patch - apply preop  
☐ 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: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician Signature \_\_\_\_\_

