

Orthopedics Pre-Op

General

Case Request

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Case request operating room | Scheduling/ADT, Scheduling/ADT |
| <input type="checkbox"/> Other | |

Inpatient Only Procedure (Single Response)

- | | |
|---|--|
| <input type="checkbox"/> Admit to Inpatient | Diagnosis:
Admitting Physician:
Attending Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Pre-op |
| <input type="checkbox"/> Other | |

Nursing

Vitals

- | | |
|---|--|
| <input type="checkbox"/> Vital signs - T/P/R/BP (per unit protocol) | Routine, Every 4 hours
Times 3, then every 8 hours if stable., Pre-op |
| <input type="checkbox"/> Other | |

Nursing

- | | |
|--|--|
| <input type="checkbox"/> Obtain medical records | Routine, Once
Specify From:
Place History and Physical, Labs, Chest X-Ray and EKG done as an outpatient on chart, Pre-op |
| <input type="checkbox"/> IN AOD: Remove hair with clippers or depilatory at operative site | Routine, Until discontinued, Starting S, Pre-op |
| <input type="checkbox"/> Other | |

Diet

- | | |
|---|--|
| <input type="checkbox"/> NPO-After Midnight | Diet effective midnight, Starting S+1 at 12:01 AM
NPO: Except Sips with meds
Pre-Operative fasting options:
Pre-op |
| <input type="checkbox"/> Diet | Diet effective now, Starting S
Diet(s):
Advance Diet as Tolerated?
Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Pre-op |
| <input type="checkbox"/> Other | |

Consent for Upper Extremity

- | | |
|--|--|
| <input type="checkbox"/> Complete consent for Shoulder Diagnostic Arthroplasty | Routine, Once
Procedure: Shoulder Diagnostic Arthroplasty
Diagnosis/Condition:
Physician:
Pre-op |
|--|--|

<input type="checkbox"/> Complete consent for Arthroscopic Rotator Cuff Repair	Routine, Once Procedure: Arthroscopic Rotator Cuff Repair Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Arthroscopic labral repair of shoulder	Routine, Once Procedure: Arthroscopic labral repair of shoulder Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Arthroscopic SLAP repair of the shoulder	Routine, Once Procedure: Arthroscopic SLAP repair of the shoulder Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Arthroscopic posterior labral repair of shoulder	Routine, Once Procedure: Arthroscopic posterior labral repair of shoulder Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Arthroscopic anterior labral repair of shoulder	Routine, Once Procedure: Arthroscopic anterior labral repair of shoulder Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Arthroscopic Subacromial Decompression (SAD)	Routine, Once Procedure: Arthroscopic Subacromial Decompression (SAD) Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Arthroscopic distal clavicle excision (DCE)	Routine, Once Procedure: Arthroscopic distal clavicle excision (DCE) Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Arthroscopic reconstruction of acromioclavicular (AC) joint with allograft tendon	Routine, Once Procedure: Arthroscopic reconstruction of acromioclavicular (AC) joint with allograft tendon Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Arthroscopic shoulder capsular release and manipulation under Anesthesia	Routine, Once Procedure: Arthroscopic shoulder capsular release and manipulation under Anesthesia Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Open Reduction, Internal fixation of clavicle fracture	Routine, Once Procedure: Open Reduction, Internal fixation of clavicle fracture Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Total shoulder arthroplasty	Routine, Once Procedure: Total shoulder arthroplasty Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Reverse total shoulder arthroplasty	Routine, Once Procedure: Reverse total shoulder arthroplasty Diagnosis/Condition: Physician: Pre-op

<input type="checkbox"/> Complete consent for Elbow arthroplasty	Routine, Once Procedure: Elbow arthroplasty Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Open repair of distal biceps tendon	Routine, Once Procedure: Open repair of distal biceps tendon Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Open biceps tenodesis	Routine, Once Procedure: Open biceps tenodesis Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Biceps tenotomy	Routine, Once Procedure: Biceps tenotomy Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Elbow arthroscopic v. open debridement of extensor carpi radialis brevis tendon	Routine, Once Procedure: Elbow arthroscopic v. open debridement of extensor carpi radialis brevis tendon Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Open reduction, Internal Fixation of _____ fracture	Routine, Once Procedure: Open reduction, Internal Fixation of _____ fracture Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Open reduction, Internal Fixation v Hemiarthroplasty of proximal humerus fracture	Routine, Once Procedure: Open reduction, Internal Fixation v Hemiarthroplasty of proximal humerus fracture Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Removal of hardware _____	Routine, Once Procedure: Removal of hardware _____ Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Removal of Loose Body _____	Routine, Once Procedure: Removal of Loose Body _____ Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Other	

Consent for Lower Extremity

<input type="checkbox"/> Complete consent for Knee Diagnostic Arthroscopy	Routine, Once Procedure: Knee Diagnostic Arthroscopy Diagnosis/Condition: Physician: Pre-op
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[] Complete consent for Knee Arthroscopic Medical/Lateral meniscus repair v meniscectomy	Routine, Once Procedure: Knee Arthroscopic Medical/Lateral meniscus repair v meniscectomy Diagnosis/Condition: Physician: Pre-op
[] Complete consent for Knee Arthroscopic Reconstruction of ACL (Anterior Cruciate Ligament) with allograft/autograft	Routine, Once Procedure: Knee Arthroscopic Reconstruction of ACL (Anterior Cruciate Ligament) with allograft/autograft Diagnosis/Condition: Physician: Pre-op
[] Complete consent for Knee Arthroscopic Reconstruction of PCL (Posterior Cruciate Ligament) with allograft/autograft	Routine, Once Procedure: Knee Arthroscopic Reconstruction of PCL (Posterior Cruciate Ligament) with allograft/autograft Diagnosis/Condition: Physician: Pre-op
[] Complete consent for Knee Arthroscopy with open reconstruction of medial patellofemoral ligament with allograft	Routine, Once Procedure: Knee Arthroscopy with open reconstruction of medial patellofemoral ligament with allograft Diagnosis/Condition: Physician: Pre-op
[] Complete consent for Knee Arthroscopic Debridement,Chondroplasty,Removal of loose body.	Routine, Once Procedure: Knee Arthroscopic Debridement,Chondroplasty,Removal of loose body. Diagnosis/Condition: Physician: Pre-op
[] Complete consent for Knee Arthroscopic Carticel biopsy.	Routine, Once Procedure: Knee Arthroscopic Carticel biopsy. Diagnosis/Condition: Physician: Pre-op
[] Complete consent for Open chondroplasty of the knee, possible allograft cartilage transplant (DeNovo)	Routine, Once Procedure: Open chondroplasty of the knee, possible allograft cartilage transplant (DeNovo) Diagnosis/Condition: Physician: Pre-op
[] Complete consent for Knee Athroscopic lysis of adhesions, manipulation,under anesthesia	Routine, Once Procedure: Knee Athroscopic lysis of adhesions, manipulation,under anesthesia Diagnosis/Condition: Physician: Pre-op
[] Complete consent for Knee Diagnostic Arthroscopy and open reduction, internal fixation of tibial plateau fracture	Routine, Once Procedure: Knee Diagnostic Arthroscopy and open reduction, internal fixation of tibial plateau fracture Diagnosis/Condition: Physician: Pre-op
[] Complete consent for Medial Meniscus Transplant arthroscopic assisted	Routine, Once Procedure: Medial Meniscus Transplant arthroscopic assisted Diagnosis/Condition: Physician: Pre-op
[] Complete consent for Lateral Meniscus Transplant arthroscopic assisted	Routine, Once Procedure: Lateral Meniscus Transplant arthroscopic assisted Diagnosis/Condition: Physician: Pre-op

<input type="checkbox"/> Complete consent for Distal femoral osteotomy	Routine, Once Procedure: Distal femoral osteotomy Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for High tibial osteotomy	Routine, Once Procedure: High tibial osteotomy Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Tibial Tubercle Osteotomy	Routine, Once Procedure: Tibial Tubercle Osteotomy Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Hip Diagnostic Arthroscopy	Routine, Once Procedure: Hip Diagnostic Arthroscopy Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Hip Arthroscopic debridement vs. repair of labral tear	Routine, Once Procedure: Hip Arthroscopic debridement vs. repair of labral tear Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Open reduction , internal fixation of _____ fracture	Routine, Once Procedure: Open reduction , internal fixation of _____ fracture Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for Posterior-Lateral Corner repair with allograft	Routine, Once Procedure: Posterior-Lateral Corner repair with allograft Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Other	

IV Fluids

Insert and Maintain IV

<input type="checkbox"/> Initiate and maintain IV	
<input type="checkbox"/> Insert peripheral IV	Routine, Once, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled, Pre-op
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care, Pre-op
<input type="checkbox"/> Other	

IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> lactated Ringer's infusion	75 mL/hr, intravenous, continuous, Pre-op
<input type="checkbox"/> Other	

Medications

Antibiotics: For Patients LESS than or EQUAL to 120 kg

<input type="checkbox"/> cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. For patients LESS than or EQUAL to 120 kg; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefepime (MAXIPIME) IV	1 g, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. Type of Therapy:
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV	750 mg, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. Type of Therapy:
<input type="checkbox"/> clindamycin (CLEOCIN) IV - For Penicillin Allergic Patients	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Within 60 minutes of incision. For patients Penicillin Allergic; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op Within 2 hours prior to incision; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Other	

Antibiotics: For Patients GREATER than 120 kg

<input type="checkbox"/> cefazolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. For patients GREATER than 120 kg; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefepime (MAXIPIME) IV	1 g, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. Type of Therapy:
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV	750 mg, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. Type of Therapy:
<input type="checkbox"/> clindamycin (CLEOCIN) IV - For Penicillin Allergic Patients	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Within 60 minutes of incision. For patients Penicillin Allergic; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op Within 2 hours prior to incision; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Other	

Labs

Labs

<input type="checkbox"/> CBC and differential	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/> Other	

Blood Products

Lab Draw

<input type="checkbox"/> Type and screen	Once, Pre-op
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Other

Blood Products - Adult

Adult Blood Administration - Red Blood Cells

<input type="checkbox"/> Prepare RBC	Routine Transfusion Indications: Special Requirements: Transfusion date: Pre-op
<input type="checkbox"/> Transfuse RBC	Routine Transfusion duration per unit (hrs): Pre-op

Adult Blood Administration - Platelets

<input type="checkbox"/> Prepare platelet pheresis	Routine Transfusion Indications: Special Requirements: Transfusion date: Pre-op
<input type="checkbox"/> Transfuse platelets	Routine Transfusion duration per unit (hrs): Pre-op

Adult Blood Administration - Fresh Frozen Plasma

<input type="checkbox"/> Prepare fresh frozen plasma	Routine Transfusion Indications: Transfusion date: Pre-op
<input type="checkbox"/> Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs): Pre-op

Adult Blood Administration - Cryoprecipitate

<input type="checkbox"/> Prepare cryoprecipitate	Routine Transfusion Indications: Transfusion date: Pre-op
<input type="checkbox"/> Transfuse cryoprecipitate	Routine Transfusion duration per unit (hrs): Pre-op

Other

IV Fluids

<input type="checkbox"/> sodium chloride 0.9 % infusion	250 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> sodium chloride 0.9 % infusion	500 mL, intravenous, at 30 mL/hr, continuous, Pre-op Administer with blood
<input type="checkbox"/> Other	

Medications

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	oral, once, For 1 Doses, Pre-op
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) capsule	25 mg, oral, once, For 1 Doses, Pre-op
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> hydrocortisone sodium succinate (PF) (Solu-CORTEF) injection	100 mg, intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> furosemide (LASIX) injection	20 mg, intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> furosemide (LASIX) tablet	oral, once, For 1 Doses, Pre-op
<input type="checkbox"/> Other	