



PATIENT NAME: _____

DOB: _____ SEX: ☐ M ☐ F

ALLERGIES: _____

PHYSICIAN NAME (PRINT): _____ PHYSICIAN PHONE #: _____

SPECIAL CONSIDERATION/NEEDS: _____

HMH2660

PROCEDURE: _____

DIAGNOSIS: _____

CONSENT: ☐ Will bring day of surgery ☐ Complete as state above under “Procedure”

RISKS AND HAZARDS: _____

TYPE OF ANESTHESIA NEEDED:
☐ General ☐ Local ☐ Spinal ☐ Epidural ☐ Regional ☐ Extended Recovery
☐ Other _____

ADMISSION STATUS: ☐ OP ☐ OBS ☐ IP
☐ Same Day Admit
☐ Planned ICU Admit

Labs and Other Testing

☐ BMP ☐ CBC ☐ PT ☐ PTT ☐ HCG Urine ☐ HCG Serum ☐ Type and Screen ☐ LFT ☐ EKG

☐ Other _____

ERAS Preop

NPO

☐ NPO after midnight ☐ NPO after midnight, except for morning medications, if indicated ☐ Water allowed 2 hours prior to arrival

☐ Clear liquids allowed 2 hours prior to arrival

Note: Water and Clear Liquids contraindications include GERD, Ileus, Pregnancy, Gastroparesis, Hiatal Hernia, Hyponatremia, GLP-1 Agonists, Bowel Obstruction, History of Difficult Airway, Difficulty swallowing (Achalasia), Neurological Disorders (Parkinson’s), Patients with history of or undergoing partial or total gastrectomy

Infection Control

☐ 2% Chlorhexidine gluconate (CHG) Wipes per instructions for use, Once, in PreOp

Multimodal Pain

- Acetaminophen (TYLENOL), Oral, Once, Pre-op upon arrival to holding area
☐ DOSE: 1000 mg ☐ DOSE: 650 mg
- Celecoxib (CeleBREX) 400 mg, Oral, Once, Give in PreOp; Avoid if CrCl < 30mL/min
- Gabapentin (NEURONTIN) capsule, Oral, Once, Give in PreOp, Avoid if CrCl < 15mL/min
☐ DOSE: 600 mg capsule ☐ DOSE: 300 mg capsule (CrCl 30-50 mL/min)
☐ DOSE: 200 mg capsule (CrCl 15-29 mL/min)

Note: Consider Pregabalin/Lyrica only if unable to tolerate Gabapentin/Neurontin; Give caution to patients over 65 years old and consider lower doses

☐ Pregabalin (LYRICA) 150 mg capsule, Oral, Once, Give in PreOp; Avoid if CrCl < 15mL/min

Prophylactic Antibiotics: refer to Surgical Prophylaxis Guidelines per surgery needs

- CeFAZolin (ANCEF) IV solution, Once, Give within 60 minutes prior to incision
☐ DOSE: 2 g (less than 100 kg) ☐ DOSE: 3 g (greater than or equal to 100 kg)
- Vancomycin (VANCOCIN) IV solution, Once, Give within 120 minutes prior to incision
☐ DOSE: 1 g (less than 80 kg) ☐ DOSE: 1.5 g (80-100 kg) ☐ DOSE: 2 g (greater than or equal to 100 kg)
- MetroNIDAZOLE (FLAGYL) 500 mg, IV, Once, Give within 60 minutes prior to incision
- Doxycycline (VIBRAMYCIN) 200 mg, IV, Once, Give within 60 minutes prior to incision
- Clindamycin (CLEOCIN) 900 mg, IV, Once, Give within 60 minutes prior to incision
- Gentamicin IV solution, Once, Give within 60 minutes prior to incision
☐ DOSE: 320 mg (less than 60 kg) ☐ DOSE: 400 mg (60 to 80 kg) ☐ DOSE: 480 mg (greater than or equal to 80 kg)
- Aztreonam (AZACTAM) 2 g, IV, Once, Give within 60 minutes prior to incision
- Azithromycin (ZITHROMAX) 500 mg, IV, Once, Give within 60 minutes prior to incision

VTE Chemical Prophylaxis

- Enoxaparin (LOVENOX), Subcutaneous injection, Once, Give in PreOp
☐ 40 mg ☐ 30 mg (CrCl < 30ml/min)
- Heparin (PORCINE) 5,000 units, Subcutaneous injection, Once, Give in PreOp

VTE Mechanical Prophylaxis

☐ Place/Maintain sequential compression device (SCD), Continuous, in PreOp - Unless Contraindicated
(Circle one): Bilateral Left calf Right calf

☐ Place TED Hose, once, in PreOp (Circle one): Thigh-high Knee-high

PONV Prophylaxis

☐ Scopolamine (TRANSDERMAL-SCOP) 1.5 mg patch (1 mg over 3 days), Apply 1 patch in PreOp at least 2 hours prior to incision, Transdermal, Once, Remove in 72 hours; Apply upon arrival to holding area

Note: For patients less than 65 years old. Do not give to patients with a history of prostate disease or glaucoma. Increases risk for over-sedation; central anti-cholinergic side effects, including delirium.

Physician’s Signature _____ Date/Time _____

Office Contact Name _____ Office Phone # _____

