# UNIVERSAL PRE-OPERATIVE PHYSICIAN'S ORDERS

<table>
<thead>
<tr>
<th>DATE OF SURGERY:</th>
<th>DIAGNOSIS:</th>
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<tbody>
<tr>
<td>PROCEEDURE:</td>
<td>PHYSICIAN NAME:</td>
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</table>

## PREADMISSION TESTING

- No diagnostic testing needed.
- Pre-Op testing completed
  - Results: [ ] To be provided by my office [ ] Use records from previous LCMC visit on ____________ (previous date)
  - Initiate Preadmission Testing (The following orders will be preformed as appropriate unless marked through or box left unchecked):
    1. WEIGHT: ________ KG / LBS (circle one) actual / stated (circle one) HEIGHT: ________ inches / cm (circle one) (Weight and height obtained per Nursing Assessment)
    2. LAB:
       - CBC [ ] UA
       - BMP [ ] TEG
       - CMP [ ] ABG (COPD, home O2, room air SPO2 less than 92%)
    3. Pregnancy test: If female 12-50 years of age without history of a tubal ligation/hysterectomy. **If positive call the surgeon.**
    4. PT/PTT: If history of bleeding, liver disease, or taking anticoagulants.
    5. Serum Drug Level: If patient taking seizure medications.
    6. Chest X-Ray: If history of CHF, smoking greater than 20 years, lung disease, O2 saturation less than 92%.
       - PA/Lateral [ ] Portable Chest X-ray
    7. EKG: Males over 40 or Females over 50, history of cardiac event (MI, angioplasty, stent, pacemaker) Coronary Artery Disease (CAD), risk factors for CAD (chest pain, history of smoking, MI, or Diabetes Mellitus). For Cardiac patients, 12 LEAD EKG.
    8. Type and Cross _______ Units Blood
       - Type and Screen: If history of hematologic abnormalities or anticipated surgical blood loss
       - Have ________ units single donor platelets available in Blood Bank
       - Have ________ units FFP available in Blood Bank
    9. For Cardiac patients [ ] Instruct on Incentive Spirometer use, [ ] Open Heart Surgery Education.
    10. MRSA nasal swab/PCR Screen for high risk patients and/or patients having vascular surgery, cardiac surgery, orthopedic, spinal or neurosurgery with implants.
    11. NPO after midnight on the night prior to surgery.
    12. For **Cardiac, Neurosurgery, Spinal, Orthopedics, Abdominal & Colorectal:** Hibiclens shower the night prior to surgery and morning of surgery.
    13. For all Cardiac patients: copy of **Cardiac Cath Report** on chart.
    14. Valid history and physical on chart. Old chart to Day Surgery Unit, if applicable
    15. Reconcile patient's home medication(s). **Make special note of patient with history of chronic oral/IV STEROID use.**
    16. If patient is taking a scheduled beta-blocker, instruct patient to continue beta-blocker through the day of surgery, unless contraindicated.
    17. OTHER: _______________________________________
    18. Call abnormal test results to physician/surgeon. **FAX RESULTS TO PHYSICIAN'S OFFICE AT __________________.**

## ALLERGIES:

- [ ] NKDA  [ ] OTHER__________________________

**Patient Identification**

6800 North MacArthur • Irving, Texas 75039
972-969-2000

**Las Colinas Medical Center**
DAY OF SURGERY

REPORT TIME: ______________________

☐ Admit to inpatient status  ☐ Place patient in outpatient status

The following orders will be performed as appropriate unless marked through or box left unchecked.


20. ☐ WEIGH PATIENT: _________ KG / LBS (circle one)  HEIGHT: _________ inches / cm (circle one)

21. Mupirocin (Bactroban) 2% ointment to each nare morning of surgery x 1 dose for Cardiac, Neurosurgery, Spinal, & Orthopedic procedures.  BMI ________  (Weight and height obtained per Nursing Assessment)

22. Clip abdominal and/or perineal hair at operative site.

23. For emergency surgery and/or BMI ≥ 30, give CHG bath cloths x 1 immediately prior to surgery.

24. If diabetic, obtain finger stick blood glucose prior to surgery.

25. ☐ Labs:  I-Stat

26. ☐ Nurse to place Foley in the OR if not already present.

27. IV/IV FLUIDS: Start IV in Day Surgery holding area.  For cardiac patients place 2 IV lines in separate extremities.

☐ 0.9% NaCl 1000 mL at___________ mL/hr

☐ Lacated Ringers 1000 mL at___________ mL/hr

☐ ____________________________ at___________ mL/hr

28. DVT PROPHYLAXIS

A. Pharmacologic Options:

☐ None indicated (patient is low risk, patient refused, contraindicated, other: ____________________________)

☐ Heparin 5000 units SubQ to be given upon arrival or prior to the surgery x 1 dose.

☐ Enoxaparin (Lovenox) 40mg SubQ to be given upon arrival or prior to the surgery x 1 dose.

☐ Enoxaparin (Lovenox) 30mg SubQ (for CrCl<30ml/min) to be given upon arrival or prior to the surgery x 1 dose.

B. SCD’s must be on and functioning before induction of general endotracheal anesthesia.

C. ☐ TED Compression stockings on in Day Surgery (for orthopedics, cardiac, and OB/GYN patients only).

29. PERI-OPERATIVE BETA-BLOCKER

Document last dose of patient Beta-Blocker.  If the patient's routine dose cannot be given at the regular time due to surgery or it is greater than 24 hours since last taken, contact anesthesia for orders to administer medication prior to surgery or to obtain an order for post-op administration in PACU if no contraindications documented.
30. The following antibiotic(s) will be initiated within 60 minutes prior to incision (120 minutes for vancomycin and levofloxacin). Post-operative prophylactic antibiotics should be discontinued within 24 hours (48 hours for cardiac cases).

31. *Vancomycin IV may be used for the following SCIP approved indications (documentation required): history of major/anaphylactic reaction to penicillins/cephalosporins, known colonization with MRSA, acute inpatient in hospital, nursing home, or extended care facility within the last year, chronic wound care or dialysis, continuous inpatient stay more than 25 hours prior to principal procedure. Vancomycin dose is calculated using actual body weight, rounded to the nearest 250mg, and not to exceed 3g. Vancomycin may not be used as a single agent in cardiac cases.**Gentamicin 5mg/kg IV based on the adjusted ideal body weight is recommended dose only for patients with normal renal function. For patients with abnormal renal function consider an alternative to gentamicin or consult pharmacy for dosing prior to surgery.

<table>
<thead>
<tr>
<th>SURGICAL PROCEDURE</th>
<th>APPROVED ANTIBIOTIC</th>
<th>PENICILLIN/B-LACTAM ALLERGY</th>
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</thead>
<tbody>
<tr>
<td><strong>Cardiac</strong></td>
<td>Cefazolin 2gm IV (3gm for &gt;120kg) OR Cefazolin 2gm IV (3gm for &gt;120kg) + Vancomycin 15mg/kg IV* Reason: (must check one)</td>
<td>Vancomycin 15 mg/kg IV* + Gentamicin 5 mg/kg IV** OR Vancomycin 15 mg/kg IV* + Levofloxacin 500mg IV (Vancomycin monotherapy is only recommended for post-op)</td>
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<tr>
<td>Heart Surgery (redose cefazolin when patient comes off bypass. **For any valve surgery choice must include Vancomycin **</td>
<td></td>
<td></td>
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<tr>
<td><strong>Pacemaker, Thoracic &amp; Vascular</strong></td>
<td>Cefazolin 2gm IV (3gm for &gt;120kg) OR Cefazolin 2gm IV (3gm for &gt;120kg) + Vancomycin 15mg/kg IV* Reason: (must check one)</td>
<td>Clindamycin 900mg IV OR Vancomycin 15 mg/kg IV*</td>
</tr>
<tr>
<td>Insertion, lead revisions, upgrades, replacements, reposition, repositioning, &amp; insertion of pacing leads &amp; pocket revision.</td>
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<tr>
<td><strong>Upper GI/Complex Abdominal</strong> (including feeding tube placements/revisions/conversions, Pancreas, Trauma, Complex Biliary)</td>
<td>Cefazolin 2gm IV (3gm for &gt;120kg)</td>
<td>Clindamycin 900mg IV+ Levofloxacin 500mg IV OR Clindamycin 900mg IV + Gentamicin 5mg/kg IV**</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td>Cefazolin 2gm IV (3gm for &gt;120kg) OR Cefazolin 2gm IV (3gm for &gt;120kg) + Vancomycin 15mg/kg IV* Reason: (must check one)</td>
<td>Clindamycin 900mg IV OR Vancomycin 15 mg/kg IV*</td>
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<tr>
<td>Hernia repair (hernioplasty and herniorrhaphy)</td>
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<tr>
<td><strong>Colorectal Surgery and Transrectal Prostate Biopsy</strong> (Colectomy, Proctectomy, Appendectomy)</td>
<td>Ceftriaxone 2gm IV + Metronidazole 500mg IV (preferred) OR Ertapenem 1gm IV</td>
<td>Metronidazole 500mg IV + Levofloxacin 500mg IV OR Metronidazole 500mg IV + Gentamicin 5mg/kg IV**</td>
</tr>
<tr>
<td><strong>Gynecology</strong></td>
<td>Cefazolin 2 gm IV (3gm for &gt;120kg)</td>
<td>Clindamycin 900mg IV+ Levofloxacin 500mg IV OR Clindamycin 900mg IV + Gentamicin 5mg/kg IV** OR Clindamycin 900mg IV + Gentamicin 5mg/kg IV**</td>
</tr>
<tr>
<td>Hysterectomy (vaginal or abdominal)</td>
<td>Cefazolin 2 gm IV (3gm for &gt;120kg)</td>
<td>Clindamycin 900mg IV+ Levofloxacin 500mg IV OR Clindamycin 900mg IV + Gentamicin 5mg/kg IV** OR Clindamycin 900mg IV + Gentamicin 5mg/kg IV**</td>
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<tr>
<td>Pubovaginal Sling</td>
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<tr>
<td>Paravaginal defect repair (including repair of cystocele)</td>
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<tr>
<td><strong>Obstetrics</strong></td>
<td>Cefazolin 2gm IV (3gm for &gt;120kg) OR Ampicillin/Sulbactam 3gm IV</td>
<td>Clindamycin 900mg IV OR Vancomycin 15 mg/kg IV*</td>
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<tr>
<td>Cesarean delivery</td>
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<tr>
<td><strong>Otolaryngology/Oral Maxillofacial</strong></td>
<td>Cefazolin 2gm IV (3gm for &gt;120kg) OR Ampicillin/Sulbactam 3gm IV</td>
<td>Clindamycin 900mg IV OR Vancomycin 15 mg/kg IV*</td>
</tr>
<tr>
<td><strong>Orthopedics/Spinal Procedures/Podiatry</strong> (including knee/hip, shoulder, wrist, &amp; ankle procedures)</td>
<td>Cefazolin 2gm IV (3gm for &gt;120kg) OR Cefazolin 2gm IV (3gm for &gt;120kg) + Vancomycin 15mg/kg IV* Reason: (must check one)</td>
<td>Clindamycin 900mg IV OR Vancomycin 15 mg/kg IV*</td>
</tr>
<tr>
<td><strong>Urology</strong></td>
<td>Cefazolin 2gm IV (3gm for &gt;120kg) OR Cefazolin 2gm IV (3gm for &gt;120kg) + Gentamicin 5mg/kg IV** OR Ampicillin-sulbactam 3gm IV</td>
<td>Clindamycin 900mg IV OR Gentamicin 5mg/kg IV** OR Clindamycin 900mg IV + Gentamicin 5mg/kg IV**</td>
</tr>
<tr>
<td>(See colorectal surgery for transrectal prostate biopsy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See gynecology for Pubovaginal Sling)</td>
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**ALLERGIES:** Physician initials here if patient can receive B-lactams despite stated allergies: ____________

**Physician Signature** ____________________________ **Date/Time** ________________

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972-969-2000

Las Colinas Medical Center

**PATIENT IDENTIFICATION**

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