SPECTRUM HEALTH	Patient Name DOB
Physician's Orders UROLOGY/GYNECOLOGY PRE-SCHEDULED SURGERY - PRE-PROCEDURE Page 1 of 2	MRN Physician
Date of Surgery Surgeon/Physician	FIN
Patient name	
REQUIRED: Prepare consent (Consent to read)	
REQUIRED: Weightkilograms (only)       REQUIRED: Aller         PENICILLIN ALLERGY?       No         No anaphylaxis. May give Cephalosporin       Anaphylaxis. No Cephalosporin         REQUIRED (must choose one):       A.M. Admit: Admit to Inpatient         Potential extended recovery (patient remains outpatient status, but may restant of the completed	
<ul> <li>CONSULTS:</li> <li>PHYSICIAN CONSULT:</li> <li>Reason: Medical clearance. Name</li> <li>Reason: Consult surgical pain service for block</li> <li><i>TCARE/ACTUTY</i>:</li> <li>Hair clipping pre-procedure in Surgical Center as indicated.</li> <li>Site</li> <li>Chlorhexidine cloth (CHG) skin cleansing pre-procedure</li> <li>Site</li> <li>TEDs: Mene high   Thigh high</li> <li>Pneumatic compression device. Knee high bilaterally.</li> <li>Comments: For surgical cases lasting greater than 60 minutes and/or high risk patients as defined by Anesthesia Guidelines.</li> <li><i>NOTE:</i> If patient does not meet the Spectrum Health criteria above and you still want them placed, then SCD's must be ordered below.</li> <li>Pneumatic compression device:</li> <li>Knee high, bilaterally</li> <li>Knee high, bilaterally</li> <li>Knee high, left leg</li> <li>Protocol - pre-procedure anesthesia orders: Pre-procedure - May initiate pre-operative anesthesia orders (include laboratory and diagnostic tests)</li> </ul>	LABORATORY:         All labs will be completed using Anesthesia Guidelines. Any orders checked below will be completed on Admission Day of Surgery, in addition to prior lab testing required by the Anesthesia Guidelines.

#### Telephone order/Verbal order documented and read-back completed. Practitioner's initials \_\_\_\_

#### CONTINUED ON PAGE 2 →

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

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TIME	DATE	TIME	DATE	TIME	DATE	Pager #	
	Sig	n	R.N. Sign		Physician Print		Physician

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# SPECTRUM HEALTH

### UROLOGY/GYNECOLOGY PRE-SCHEDULED SURGERY - PRE-PROCEDURE (CONTINUED) Page 2 of 2

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#### ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.

#### **MEDICATIONS:**

#### GYNECOLOGIC PROCEDURES (WITH OR WITHOUT SLING):

#### ANTIMICROBIALS (PROPHYLACTIC):

- □ Cefazolin 2 grams IV, if patient is less than 120 kg administered per anesthesia
- □ Cefazolin 3 grams IV, if patient is greater than or equal to 120 kg administered per anesthesia

#### FOR IMMEDIATE TYPE PENICILLIN ALLERGY:

- Gentamicin **PLUS** Metronidazole:
  - Gentamicin 5 mg/kg IV administered per anesthesia
  - Metronidazole 500 mg IV administered per anesthesia

#### SYNTHETIC PUBOVAGINAL SLING:

#### ANTIMICROBIALS (PROPHYLACTIC):

- Cefazolin 2 grams IV, if patient is less than 120 kg administered per anesthesia
- □ Cefazolin 3 grams IV, if patient is greater than or equal to 120 kg administered per anesthesia

#### FOR IMMEDIATE TYPE PENICILLIN ALLERGY:

Ciprofloxacin 400 mg IV administered per anesthesia

#### INTERSTIM SACRAL NEUROMODULATION DEVICE PROCEDURE:

#### ANTIMICROBIALS (PROPHYLACTIC):

- Vancomycin (start administration within 120 minutes before skin incision):
  - □ 1 gram IV, if patient is less than 70 kg administered per anesthesia
  - □ 1.5 grams IV, if patient is 70-100 kg administered per anesthesia
  - □ 2 grams IV, if patient is greater than 100 kg administered per anesthesia

#### FOR GRAM NEGATIVE ACTIVITY ADD:

Gentamicin 5 mg/kg IV administered per anesthesia

## FOR ALL PROCEDURES: FOR CURRENT OR HISTORY OF MRSA COLONIZATION OR MRSA RISK FACTORS:

[residence in long- term healthcare facility (not assisted living), HD patient, tracheostomy or gastrostomy tube, chronic decubitus ulcer or wound, long term vascular access]:

- Vancomycin (start administration within 120 minutes before skin incision):
  - □ 1 gram IV, if patient is less than 70 kg administered per anesthesia
  - □ 1.5 grams IV, if patient is 70-100 kg administered per anesthesia
  - □ 2 grams IV, if patient is greater than 100 kg administered per anesthesia

Patient Name
DOB
MRN
Physician
FIN

#### MEDICATIONS: (CONTINUED)

#### PREPS:

		Time Time
VTE PROPHYLAXIS ( Enoxaparin 40 <i>NOTE:</i> If spina are planned, D	(PHARMACOLOGIC): mg subQ upon arrival l or epidural anesthesia O NOT use enoxaparin. unit(s) subQ upon arriv	, or peripheral nerve block Use subQ heparin instead.
BETA BLOCKER: Continue curre anesthesia for therapy Medication	ent therapy with sips of order if patient did not	continue beta blocker
OTHER: NOTE: • For any		write clearly or type below.
contact Gra		eds to be added to your form, ealth Surgical Pre-procedure se Manager.
Anesthesia Provid	esia care (MAC) ansfer to post procedure	e pain management to the

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