



Patient Name _____
 DOB _____
 MRN _____
 Physician _____
 CSN _____

Physician's Orders NEUROSURGERY PRE-SCHEDULED SURGERY - PRE-PROCEDURE

Page 1 of 2

Date of Surgery _____

Surgeon/Physician _____

Patient name _____ Date of birth _____

REQUIRED: Prepare consent (Consent to read) _____

REQUIRED: Weight _____ kilograms (only) **REQUIRED:** Allergies _____

PENICILLIN ALLERGY? No Yes, reaction _____

- No anaphylaxis. May give Cephalosporin
- Anaphylaxis. No Cephalosporin

REQUIRED (must choose one): A.M. Admit: Admit to Inpatient Outpatient
 Potential extended recovery (patient remains outpatient status, but may require overnight stay. Final determination to be made post procedure)

ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.

CONSULTS:

PHYSICIAN CONSULT:

- Reason: Medical clearance; Name _____
- Reason: Consult surgical pain service for block

PT CARE/ACTIVITY:

- Hair clipping pre-procedure in Surgical Center as indicated.
Site _____
Comments: Hair clipping for craniotomy should be done in the OR only.
- Chlorhexidine cloth (CHG) skin cleansing pre-procedure.
Site _____
- Oral, skin, and nasal antiseptic, once, 1 hour pre-procedure.
Comments: Spine fusion or joint replacement with general anesthesia.
- TEDs: Knee high Thigh high
- Pneumatic compression device: For surgical cases lasting greater than 60 minutes and/or high risk patients as defined by Anesthesia Guidelines.
NOTE: If patient does not meet the Spectrum Health criteria above and you still want them placed, then SCD's must be ordered below.
 Knee high, bilaterally
 Knee high, right leg
 Knee high, left leg
- Protocol - pre-procedure anesthesia orders: Pre-procedure - May initiate pre-operative anesthesia orders (include laboratory and diagnostic tests)

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.

- Basic metabolic panel CMP
- CBC with diff. CBC without diff.
- Protime (with INR) PTT
- Urinalysis UA, culture if indicated
- Lytes
- Blood type, ABO/Rh typing
- TYPE AND SCREEN: PRBC's _____ number of units
- Hemoglobin A1c level
- POC pregnancy test urine (SH Grand Rapids)
- Pregnancy qualitative urine (Other locations)

POC GLUCOSE TESTING:

For all patients with known diabetes.
 Obtain glucose POC once, then every 2 hours.

NOTIFY:

Anesthesia, if blood glucose is greater than 180 or less than 70.

DIAGNOSTICS:

- Electrocardiogram (ECG)

IV SOLUTIONS:

- 1% lidocaine 0.25 to 2 mL ID for IV starts
- Lactated ringers solution 1000 mL IV, 100 mL/hour
- 0.9% sodium chloride 1000 mL IV, 100 mL/hour

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.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
Sign		R.N. Sign		Physician Print		Physician

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Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

Patient Name _____
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NEUROSURGERY PRE-SCHEDULED SURGERY - PRE-PROCEDURE (CONTINUED)

Page 2 of 2

ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.
MEDICATIONS:
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

PENICILLIN (PCN) ALLERGY:

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 grams 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 IMMEDIATE TYPE PENICILLIN ALLERGY WHEN VANCOMYCIN IS NOT PREFERRED:

- Clindamycin 900 mg IV per anesthesia

LOCAL ANESTHESIA - SPINE PROCEDURES ONLY:
Use of Exparel is restricted to Spine procedures done by neurosurgery or ortho-spine providers (outpatient only procedures preferred).

- Bupivacaine liposome (EXPAREL) 1.3% injection, 266 mg infiltration administered intra-operative

MEDICATIONS: (CONTINUED)
VTE PROPHYLAXIS (PHARMACOLOGIC):

- Enoxaparin 40 mg subQ upon arrival
NOTE: If spinal or epidural anesthesia, or peripheral nerve block are planned, DO NOT use enoxaparin. Use subQ heparin instead.
- Heparin 5000 unit(s) subQ upon arrival

RESPIRATORY:

- Incentive spirometer

BETA BLOCKER:

- Continue current therapy with sips of water in AM. Contact anesthesia for order if patient did not continue beta blocker therapy
- Medication _____
 Dose _____ Route _____ Frequency _____

OTHER:
NOTE: • For any additional orders: **handwrite clearly or type below.**
 Must check the box for order to be processed.

- _____
- _____
- _____
- _____
- _____

NOTE: • If there is a frequent order that needs to be added to your form, contact Grand Rapids Spectrum Health Surgical Pre-procedure Planning Manager or Surgical Nurse Manager.

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