



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

Page 1 of 2

Patient Name

DOB

MRN

Physician

FIN

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

PT CARE/ACTIVITY:

- Hair clipping pre-procedure in Surgical Center as indicated. Site
Chlorhexidine cloth (CHG) skin cleansing pre-procedure Site

TEDs: Knee high Thigh high

Pneumatic compression device:
Comments: For surgical cases lasting greater than 60 minutes and/or high risk patients as defined by Anesthesia Guidelines.

NOTE: If your patient does not meet the Spectrum Health criteria above and you still want them placed, SCD's must be ordered below.

Pneumatic Compression Device:

- 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.
Mg blood level Prottime (with INR)

LABORATORY: (CONTINUED)

- 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:

- Lidocaine 1% 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

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

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.

Table with 4 columns: TRANSCRIBED (TIME, DATE), VALIDATED (TIME, DATE), ORDERED (TIME, DATE), and Physician #. Includes Sign, R.N. Sign, Physician Print, and Physician fields.

CONFIDENTIAL NOTICE: The content of this fax is intended only for the named recipient(s) and may contain information that is protected under applicable law. If you are not the intended recipient(s) or if you receive this fax in error, notify the sender at the address or telephone number above. Also destroy any copies.

DO NOT MARK BELOW THIS LINE

BARCODE ZONE

DO NOT MARK BELOW THIS LINE



\* X 1 3 1 6 0 \*

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.



PLASTIC SURGERY PRE-SCHEDULED SURGERY - PRE-PROCEDURE (CONTINUED)

Patient Name

DOB

MRN

Physician

FIN

ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.

MEDICATIONS: (CONTINUED)

PENICILLIN (PCN) ALLERGY:

FOR IMMEDIATE TYPE PENICILLIN ALLERGY:

- Clindamycin 900 mg IV administered per anesthesia

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

PREPS:

- Enema: Type \_\_\_\_\_ Time \_\_\_\_\_

IRRIGATION OPTIONS:

- Gentamicin 80 mg, Cefazolin 1 gm, Bacitracin 50,000 units in 500 mL of 0.9% sodium chloride for irrigation ONCE (For use in OR ONLY)

If Penicillin Allergic:

- Gentamicin 80 mg, Clindamycin 600 mg, Bacitracin 50,000 units in 500 mL 0.9% Sodium Chloride for irrigation ONCE (For use in OR ONLY)
Bacitracin 50,000 units in 3,000 mL 0.9% sodium chloride irrigation ONCE (For use in OR ONLY - Pulse Lavage)

TUMESCENT SOLUTION OPTIONS:

- Lidocaine 1% 40 mL with 1 mL EPINEPHrine 1 mg/mL in 1000 mL Lactated Ringers subQ ONCE (to be used as tumescent solution by surgeon)
Lidocaine 1% 25 mL with 1 mL EPINEPHrine 1 mg/mL in 1000 mL Lactated Ringers subQ ONCE (to be used as tumescent solution by surgeon)

MEDICATIONS: (CONTINUED)

HEPARIN OPTIONS:

- Heparin 20,000 units/mL 0.3 mL in 20 mL 0.9% sodium chloride (final concentration heparin 300 units/mL) irrigation ONCE (to be used by surgeon for vessel anastomosis) - dispense in irrigation syringe
Heparin 500 units/5 mL syringe (final concentration heparin 100 units/mL) irrigation ONCE (to be used by surgeon for vessel anastomosis) - Pharmacy do not dispense; Supply to be obtained from automated dispensing cabinet

VTE PROPHYLAXIS:

- 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: handwritten clearly or type below. Must check the box for order to be processed.

- Five empty checkboxes for additional orders

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.

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.

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

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

Table with 4 columns: TRANSCRIBED (TIME, DATE), VALIDATED (TIME, DATE), ORDERED (TIME, DATE), and Physician #. Includes Sign, R.N. Sign, Physician Print, and Physician fields.

CONFIDENTIAL NOTICE: The content of this fax is intended only for the named recipient(s) and may contain information that is protected under applicable law. If you are not the intended recipient(s) or if you receive this fax in error, notify the sender at the address or telephone number above. Also destroy any copies.