



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

Page 1 of 2

Date of Surgery _____

Surgeon/Physician _____

Patient name _____ Date of birth _____

Patient Name

DOB

MRN

Physician

FIN

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 _____
[] Chlorhexidine cloth (CHG) skin cleansing pre-procedure
Site _____

TEDs: [] Knee high [] Thigh high

[X] Pneumatic compression device. Knee high bilaterally.
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

[X] 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)

LABORATORY: (CONTINUED)

POC GLUCOSE TESTING:

For all patients with known diabetes
[X] Obtain Glucose POC once, then every 2 hours

NOTIFY:

[X] Anesthesia, if blood glucose is greater than 180 or less than 70

RADIOLOGY:

- [] DR chest single view
[] Chest PA/lateral
[] Abdomen flat plate (KUB)

DIAGNOSTICS:

- [] Electrocardiogram (ECG)

IV SOLUTIONS:

- [X] 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

MEDICATIONS:

[] LOWER TRACT INSTRUMENTATION, CLEAN WITH/WITHOUT
URINARY TRACT ENTRY:

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

(WITH URINARY TRACT ENTRY):

- [] Ciprofloxacin 400 mg IV administered per anesthesia

FOR IMMEDIATE TYPE PENICILLIN ALLERGY

(WITHOUT URINARY TRACT ENTRY):

- [] Clindamycin 900 mg IV 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, Pager #), and Physician (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.



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

Patient Name

DOB

MRN

Physician

FIN

ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.

MEDICATIONS: (CONTINUED)

PENILE PROSTHESIS INSERTION, REMOVAL, REVISION:

ANTIMICROBIALS (PROPHYLACTIC):

Ampicillin-sulbactam 3 grams IV administered per anesthesia

OR

Gentamicin PLUS Cefazolin:

- Gentamicin 5 mg/kg IV administered per anesthesia
Cefazolin:
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 Vancomycin:

(start administration within 120 min before skin incision):

- Gentamicin 5 mg/kg IV administered per anesthesia
Vancomycin:
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

CLEAN CONTAMINATED:

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
Gentamicin 5 mg/kg IV administered per anesthesia

FOR GI TRACT ENTRY, ADD:

Metronidazole 500 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

MEDICATIONS: (CONTINUED)

UROLOGY:

- OnabotulinumtoxinA (Botox) 100 units injection into bladder muscle as directed
OnabotulinumtoxinA (Botox) 200 units injection into bladder muscle as directed

BLADDER INSTILLATIONS:

- Mitomycin 40 mg in 40 mL of 0.9% sodium chloride intravesicular once
Mitomycin 40 mg in 40 mL of sterile water intravesicular once
Gemcitabine 2 grams in 100 mL of 0.9% sodium chloride intravesicular once

PREPS:

- Enema: Type _____ Time _____
Douche: Type _____ Time _____

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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