

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

NeuroSurgery – Preoperative

Version 4 10/24/14

General

- Order for Surgery
- Specific Surgery: _____

Date of Surgery: _____

Obtain the Written Authorization for Ordered Surgery

Patient Placement

Patient Status

- Admit to inpatient
- Outpatient

Nursing Orders

- Initiate pre-operative anesthesia protocol
- Glucose, blood, point-of-care measurement
- Urinary catheter initiation/management place in OR
- Apply anti-embolic stockings (graduated)
 - knee high
- Intermittent pneumatic compression place in OR
- Patient to shower with hibiclens night before surgery and morning of surgery
- Hibiclens shampoo
- Scrub surgical site with hibiclens
- Other _____

Diet

- NPO except medications after midnight on day of surgery
- NPO after midnight on day of surgery

Medications

Reminders – Miscellaneous

- For patients undergoing noncardiac surgery who are at high risk for cardiac events (excluding cardiac stent thrombosis), consider continuing aspirin up to and beyond the time of surgery

Perioperative Antibacterial Prophylaxis

Reminders: Penicillin Allergy

- Penicillin allergy unknown reaction or known anaphylactic reaction: If patient believes they are penicillin allergic- discuss signs/symptoms of anaphylaxis to determine if cephalosporins are safe. If has had symptoms of anaphylaxis (loss of consciousness, shock, difficulty breathing, airway closure from laryngeal edema, hypotension with onset less than 1 day after taking penicillin) or unable to determine the reaction type: DO NOT USE CEPHALOSPORINS.
- Penicillin allergy known non-anaphylactic reaction: If patient reaction to penicillin is rash, hives, swelling, skin redness, itching or GI symptoms with onset of greater than 1 day- MAY USE CEPHALOSPORINS.

- **Provider please select no antibiotic option or one of the antibiotic protocol groups:**

- No antibiotic prophylaxis indicated

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INITIATE GROUP 1 PROTOCOL

- After provider initiation of the group 1 protocol, nursing is to select appropriate antibiotics from the group 1 protocol choices below:

No Cephalosporin Allergy and No Anaphylaxis to Penicillin:

ceFAZolin (ANCEF)

- 2 gram intravenously once 0-60 minutes prior to surgical incision and repeat dose every 4 hours if surgical case is greater than 4 hours
- 3 gram intravenously once (Select for patients greater than 120 kilogram) 0-60 minutes prior to surgical incision and repeat dose every 4 hours if surgical case is greater than 4 hours

Cephalosporin Allergy OR Anaphylaxis to Penicillin OR unable to determine reaction type to Penicillin:

clindamycin (CLEOCIN)

- 900 milligram intravenously once 0-60 minutes prior to surgical incision and repeat dose every 6 hours if surgical case is greater than 6 hours

INITIATE MRSA/MSSA Treatment Protocol

- After provider initiation protocol, nursing is to select from the protocol options below:

MRSA positive

- yes
- no

MSSA positive

- yes
- no

IF MRSA or MSSA screen is positive: SELECT

mupirocin (BACTROBAN) 2% nasal ointment

- 0.5 gram in each nostril 2 times a day for 5 day = 10 total doses Begin day of surgery

MRSA positive screen or history of MRSA without pre-op screen: SELECT in addition to above antibiotics

- Select for all positive pre-op MRSA screen results prior to mupirocin (BACTROBAN) treatment regardless of post mupirocin (BACTROBAN) MRSA screen results

vancomycin (VANCOCIN)

- 15 milligram/kilogram intravenously once (2 gram MAX) 0-120 minutes prior to surgical incision, no repeat dose needed Pharmacy to dose

Other Pre-Op Medications

dexamethasone (DECADRON)

- 4 milligram intravenously once Give in OR
- 8 milligram intravenously once Give in OR
- 10 milligram intravenously once Give in OR
- ____ milligram intravenously once Give in OR

famotidine (PEPCID)

- 20 milligram orally once on call to OR
- 20 milligram intravenously once on call to OR
- Other: _____

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PROVIDER ORDERS

Laboratory and Diagnostic Tests

- Order the following preoperative laboratory and diagnostic tests after review of medical records, history and physical exam, and procedure type ONLY if not included in anesthesia protocol
- MRSA/MSSA by PCR for all patients who will receive prophylactic antibiotics -May be obtained up to 30 days prior to surgery
- CBCD auto Diff
- PTT
- PT (PROTIME AND INR)
- Basic metabolic panel
- Comprehensive metabolic panel
- Pregnancy Test, serum
- UACIF

Blood Bank

- Clot to hold -Obtain less than 24 hour prior to surgery
- Type and screen - Obtain less than 24 hour prior to surgery
- Packed Cell ___ unit(s) red blood cells (RBC); Obtain less than 24 hour prior to surgery
- [] Autologous; Date of surgery (if known) _____

12-lead ECG

- If not done in past 3 months; Reason for exam: age greater than 40

Consults

- Provider to provider notification preferred.
- Consult to anesthesiology regarding _____

Provider Signature: _____ Date: _____ Time: _____