

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
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Diagnosis: _____

Allergies with reaction type: _____

Orthopedics- Preoperative Orders

Version 7 4/19/17

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
- Inform Anesthesia: NO ketaraloc tromethamine (TORADOL)
- Glucose, blood, point-of-care measurement
- Urinary catheter initiation/management place in OR
- Scrub surgical site with Hibiclens
- Patient to shower with hibiclens night before surgery and morning of surgery
- Surgical preparation, hair removal of operative site; use electric clippers only
- Apply Sequential Compression Device -place in OR
- Apply Arterial Venous Impulses -place in OR

• **For knee procedures only SELECT:**

- Apply thigh high compression stockings to non-operative leg

• **For all other procedures only SELECT:**

- Apply knee high compression stockings (to non-operative leg in lower extremity procedure)
- 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.

Initials _____

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

No antibiotic prophylaxis indicated

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

Treated with mupirocin (BACTROBAN) within past 30 days?

- yes
- no

MRSA Post Bactroban Culture 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 regardless of MRSA Post Bactroban Culture 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

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Miscellaneous Pre Op Medications

- oxyCODONE SR 10 mg 12 hr tab
 - 1 tablet orally once in pre op on call
- metoclopramide (REGLAN)
 - 10 milligram orally once in pre op on call
- celecoxib (CELEBREX)
 - 200 milligram orally once in pre-op on call (Do not give if GFR is less than 30)
- nabumetone (RELAFEN)
 - 500 milligram orally once in pre op on call [SELECT if patient is allergic to sulfa instead of celocoxib (CELEBREX)]
- tranexamic acid 1000 mg in 100 mL normal saline
 - x 2 doses on call to be given in OR

Other Pre-Op Medications

Other: _____

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 –If not done within 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

- Consult to anesthesiology regarding _____
- Consult to hospitalist, pre-operatively regarding _____

Provider Signature: _____ Date: _____ Time: _____