Do Not Use Abbreviations: U (for Unit), IU for International unit), Q.D., Q.O.D., Trailing Zero (X.0 mg) MS, MSO4 MgSO4

PRE-OPERATIVE ORDERS				
Place Patient in Outpatien	l certify that inpatient services are needed) t Status t Status and begin Observation Services			
Admit to the service of:	t Status and begin Observation Services			
PATIENT NAME (LAST):		FIRST NAME	DATE OF BIRTH:	
DIAGNOSIS:			ANESTHESIA TYPE:	
	PROCEDURE CONSENT TO ST	ATE:		
		11 ber		
DATE OF SURGERY/PROCEDURE	PHYSICIAN:	PRIMARY PHYSICIAN:	CPT CODES:	
	CPT CODE(S)		I	
ALLERGIE(S) Type of Reaction(s): Patient Weight: kg				
IV FLUIDS:         □ Lactated Ringers @ 30 mL/hr on arrival to Preop         □ 0.9% Sodium Chloride @ 30 mL/hr on arrival to Preop         □ Preop antibiotics:         □ Cefazolin 1 gm IV for patient weight < 60 kg, infuse within 60 minutes prior to surgery		Labs Done at:       ] JFK       Outside Testing         Please use Anesthesia Guidelines to determine testing.         A1C         CBC       _ CBC w/Differential         BMP (Basic Metabolic Panel)       PT, PTT & INR         CMP (Complete Metabolic Panel)       Liver Profile         Sickle Cell       _ Liver Profile         Urinalysis       CEA         Urine Culture & Sensitivity       _ Urinalysis with Culture Reflex         Type & Screen       PRBC #units         MRSA/MSSA Screening       _ Urine BHCG (qual)         Serum BHCG (qual)		
Physician Signature:		Date/Time: / / /	at:	
Pre Operative Orders	HCA Florida			
5301 South Congress Avenue Atlantis, FL 33462		Patient Identification/Label		

\*POS\* HCAFL-H-JFK-10003

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## PRE-OPERATIVE ORDERS ENHANCED SURGICAL RECOVERY

## **Medications:**

- To be given in pre-op day of procedure
- □ Patient given prescription to take the medication
- prior to arrival for surgery
- ☐ Acetaminophen 975 mg PO x 1 if patient <65 kg give 650 mg Acetaminophen PO x1</p>
- □ Acetaminophen 650 mg liquid PO x 1
- □ Acetaminophen 650 mg PO x 1
- □ Acetaminophen 1gm IV x 1
- Celecoxib 200 mg PO x 1 preop
- ☐ Gabapentin (Neurontin) 600 mg PO x 1
- Gabapentin (Neurontin) 200 mg PO x 1 preop
- □ Gabapentin (Neurontin) 300 mg PO x 1 preop

□ Metoclopramide 10 mg IV x 1 dose

 $\Box$  Tramadol 50 mg PO x150mg. If patient is > 70 Y.O. or < 50Kg. or on dialysis administer 100mg Celebrex PO x 1 instead.

- Dexamethasone 4mg IV x1
- □ 4mg Dexamethasone PO x 1,
- Dexamethasone 8mg PO x 1 (DO NOT ORDER IF DIABETIC)
- □ 4% Lidocaine Patch. Apply post-operatively in PACU proximal to surgical site
- Other medication order\_

Diet:         No solid food after midnight the night before the procedure unless otherwise instructed by anesthesia.         May have clear liquids (NO RED COLOR OR DYE) up to arrival time at JFK or until 2 hours before scheduled surgery.         If instructed to do bowel prep prior to surgery, no solid food starting at midnight 2 nights prior to surgery.         INSTRUCT PATIENT TO DRINK pre-surgery drink:         Drink 2 bottles evening prior to surgery and drink one bottle at least 2 hours prior to scheduled surgery time.         Do Not Administer Pre-Surgery Drink if Patient Type 1 Diabetic on Dialysis, or Insulin Dependent If patient is Diabetic Type 1 or on Insulin, substitute Gatorade Zero for pre-surgery drink and instruct to drink one 20 oz. bottle the evening prior to procedure and one-half bottle of Gatorade zero 2 hours prior to scheduled procedure.         Instruct patient to shower/bathe with 2% chlorhexidine gluconate (CHG) shower soap the night before surgery and repeat the morning of surgery.         Upon arrival to preop have patient wipe body down with 2% chlorhexidine gluconate (CHG) wipes.			
☐ Medical Pre-Op Evaluation           □ No         □ Yes Dr.:           Cardiac Pre Op Evaluation:         Phone:	EKG Done at: JFK PCP Must Be Legible Copy  Chest X-Ray  JFK Outside testing  Ostomy marking/teaching in Pre-Admission  KUB day of procedure:		
Other Pre Op Evaluation (Type):         Phone:           No         Yes         Dr.:	MRI:		
Other Pre Op Evaluation (Type):         Phone:           No         Yes         Dr.:	CT:		
Other Pre Op Evaluation (Type):         Phone:           No         Yes         Dr.:	Obtain Test Results:		
Patient from Nursing Home/Extended Care Facility?  No Yes Phone:	DONE AT:		
Name: NPO AFTER MIDNIGHT, DATE:	Other:		
PERSON COMPLETING FORM:	NAME (PLEASE PRINT): DATE: TIME:		
PHYSICIAN'S SIGNATURE:	PHYSICIAN'S NAME (PLEASE PRINT): DATE: TIME:		





\*POS\*

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