

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

Orthopedic/Neuro/Podiatry Orders

- Status:** Admit to Inpatient Status (I certify that inpatient services are needed)
 Place Patient in Outpatient Status
 Place Patient in Outpatient Status and begin Observation Services

Admit to the service of:

PATIENT NAME (LAST):	FIRST NAME	DATE OF BIRTH:
DIAGNOSIS:		ANESTHESIA TYPE:
PROCEDURE CONSENT TO STATE:		

DATE OF SURGERY/PROCEDURE	PHYSICIAN:	PRIMARY PHYSICIAN:
CPT CODE(S)		

ALLERGIE(S)

Type of Reaction(s): _____
 Patient Weight: _____ kg

PRE-OP MEDICATIONS:

IV FLUIDS:

- Peripheral IV access
 Lactated Ringers @ 30 mL/hr on arrival to Preop
 0.9% Sodium Chloride @ 30 mL/hr on arrival to Preop

PRE-OP ANTIBIOTICS: Infuse within 60 minutes prior to surgery

- Patient weight < 60 kg: cefazolin 1 gm IV
 Patient weight 60-120 kg: cefazolin 2 gm IV
 Patient weight > 120 kg: cefazolin 3 gm IV

Labs Done at: JFK Main Outside Testing

Please use Anesthesia Guidelines to determine testing.

- A1C CBC CBC With Differential
 BMP (Basic Metabolic Panel) CMP (Complete Metabolic Panel)
 Liver Profile PT, PTT & INR
 Sickle Cell Urine BHCG (qual)
 Urinalysis CEA Serum BHCG (qual)
 Urinalysis with Reflex Culture
 Type & Screen PRBC # _____ units
 MRSA/MSSA Screening (required for all total knees and total hips)

- Other Labs: _____
 Incentive Spirometer
 Instruct 2% Chlorohexidine bathing
 Case Management to Arrange:

 Rolling Walker

If beta-lactam allergy or has a history or risk for MRSA, give vancomycin; For hip or knee replacement, if positive or unknown MRSA nasal surveillance swab, give cefazolin with vancomycin:

- Vancomycin Dose: Infuse within 120 minutes prior to surgery
 Patient weight < 50 kg: Vancomycin 750 mg IV over 60 minutes
 Patient weight 50 - 100 kg: Vancomycin 1 gm IV over 60 minutes
 Patient weight > 100 kg: Vancomycin 1.5 gm IV over 90 minutes

If beta-lactam and vancomycin intolerant, give clindamycin:

- Clindamycin 900 mg IV over 30 minutes, start 60 minutes prior to surgery

Medical Pre Op Evaluation: Phone: _____

- No Yes Dr.: _____

Cardiac Pre Op Evaluation: Phone: _____

- No Yes Dr.: _____

Other Pre Op Evaluation (Type): Phone: _____

- No Yes Dr.: _____

Other Pre Op Evaluation (Type): Phone: _____

- No Yes Dr.: _____

Patient From Nursing Home/Extended Care Facility? Phone: _____

- No Yes Name: _____

NPO AFTER MIDNIGHT, DATE: _____

- Chest X-Ray JFK Main Outside testing

EKG Done at: JFK Main PCP **Must Be Legible Copy**

MRI: _____

CT: _____

Obtain Test Results:

- OTHER _____

DONE AT : _____

ADDITIONAL ORDERS: _____

Physician Signature: _____ Print Name: _____ Date/Time: ____/____/____ at: ____

ORTHOPEDIC/NEURO/PODIATRY ORDERS



POS HCAFL-H-JFK-10004
Rev. 4/2023



Patient Identification/Label

Orthopedic/Neurology/Podiatry Pre-Operative Orders Enhanced Surgical Recovery

VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS

(must select one)

- Enoxaparin (Lovenox) 40 mg subcutaneous x1 preop
- Heparin 5,000 units subcutaneous x1 preop
- Calf-high Sequential Compression Device to be placed in preop

MEDICATIONS:

TO BE GIVEN IN PREOP DAY OF SURGERY, OR

- Patient given script to take medication prior to arrival

Reminder: Do not give if age >65

Contraindicated in patients with glaucoma or elevated intraocular pressure

- SCOPOLAMINE HYDROBROMIDE 1 PATCH TRANSDERM PREOP. APPLY UPON ARRIVAL BEHIND EAR and GIVE PATIENT SCOPOLAMINE INSTRUCTION SHEET
- Acetaminophen 975 mg PO x 1 – If patient <65 kg give 650 mg Acetaminophen PO x 1
- Acetaminophen 650 mg liquid PO x 1
- Acetaminophen 650 mg PO x 1
- Acetaminophen 1gm IV x 1
- Celecoxib 200 mg PO x 1
- Gabapentin (Neurontin) 600 mg PO x 1
- Gabapentin (Neurontin) 300 mg PO x 1
- Metoclopramide 10 mg IV x 1
- Tranexamic acid 1gm IV x 1
- Tramadol 50mg PO x 1 If patient is >70 years old <50kg or on Dialysis administer 100 mg Celebrex PO x 1 instead
- Dexamethasone 4mg IV x1
- Dexamethasone 8mg PO x 1 (**DO NOT ORDER IF DIABETIC**)
- Dexamethasone 4mg PO x 1
- 4% Lidocaine Patch to be applied post-operatively proximal to the surgical site in the Recovery Room.
- 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.
- 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 Diabetic or Dialysis.** Substitute with Gatorade Zero.
- 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.

BLOCKS:

- Popliteal Block Single Catheter
- On Q Pump
- Adductive Canal Block
- Interscalene Block

PERSON COMPLETING FORM:

NAME (PLEASE PRINT):

DATE: TIME:

PHYSICIAN'S SIGNATURE:

PHYSICIAN'S NAME (PLEASE PRINT):

DATE: TIME:

Patient Name and Date of Birth (for offices) _____

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