

# Pre Procedure Physician Orders

<b>Register Patient as:</b> <input type="checkbox"/> Observation <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <b>Date of Procedure:</b> _____	
<b>Surgical Procedure:</b> _____ <b>Surgeon:</b> _____	
<b>Allergies/Reaction:</b> <input type="checkbox"/> NKDA <input type="checkbox"/> List: _____	
<b>Patient Date of Birth:</b> _____ <b>Patient Weight:</b> _____ kg <b>Patient Height:</b> _____	
<b>Preoperative Orders:</b> <input type="checkbox"/> Medical Clearance to be done at HCA FL PWH 1. Initiate anesthesia protocol – Labs per Anesthesia 2. <input type="checkbox"/> Type & Screen <input type="checkbox"/> Type & Cross x _____ Units 3. Beta-blocker prophylaxis (for surgery if patient currently taking a beta-blocker): _____ 4. VTE Prophylaxis: SCDs <input type="checkbox"/> Contraindicated (Bilateral Amputee, lower leg trauma, lower leg wounds, patient refusal) 5. Surgical Site Preparation (Preparation of pelvic, splinted or extremity cases to be prepped in OR, otherwise preparation to be completed in ASU) • Clip hair around incision site • 2% Chlorhexidine gluconate cloth over incision area for procedures scheduled with implants 6. Diagnostic Studies: <input type="checkbox"/> CXR <input type="checkbox"/> KUB <input type="checkbox"/> EKG <input type="checkbox"/> Other: _____	
<b>General Preop Antibiotics:</b> (i.e. Cardiac or Vascular Podiatry, Thoracic, Hernia Repair, Plastic surgery)	<input type="checkbox"/> Cefazolin 2 grams IV once (if $\geq$ 120kg, give 3 grams total)  <b><u>If beta-lactam allergy or has a history or risk for MRSA:</u></b> <input type="checkbox"/> Vancomycin If < 100 kg, give Vancomycin 1 gram IV once If $\geq$ 100 kg, give Vancomycin 1.5 grams IV once <input type="checkbox"/> Clindamycin 900 mg IV once
<b>Intra-Abdominal Surgery:</b> (i.e. Colon, Appendectomy, Gastric, PEG Placement, Cholecystectomy)	<input type="checkbox"/> Cefazolin 2 grams IV (If $\geq$ 120 kg, give 3 grams) <b>PLUS</b> Metronidazole 500 mg IV once <input type="checkbox"/> Cefoxitin 2 grams IV once <input type="checkbox"/> <b><u>If B-lactam allergy:</u></b> Metronidazole 500 mg IV once <b>PLUS</b> Gentamicin IV once ( <b>50-70 kg</b> 240 mg; <b>71-90 kg</b> 360 mg; <b>&gt;90 kg</b> 480 mg)
<b>Urological Surgery:</b>	<input type="checkbox"/> Cefazolin 2 grams IV once (if $\geq$ 120 kg, give 3 grams total) <input type="checkbox"/> Gentamicin IV once ( <b>50-70 kg</b> 240 mg; <b>71-90 kg</b> 360 mg; <b>&gt;90 kg</b> 480 mg) <input type="checkbox"/> Ceftriaxone 1 Gram IV once
<b>Adjuvant Medication Orders:</b>	<input type="checkbox"/> Acetaminophen 1000 mg PO once preop <input type="checkbox"/> Celecoxib 200 mg PO once preop <input type="checkbox"/> Dexamethasone 4 mg IV once preop <input type="checkbox"/> Ondansetron 4 mg IV once preop <input type="checkbox"/> Metoclopramide 10 mg PO once preop <input type="checkbox"/> Famotidine 20 mg PO once preop <input type="checkbox"/> Scopolamine patch apply behind ear at least 1 hour prior to surgery Other Orders: _____

Preoperative antibiotic administration should begin within 60 minutes prior to incision. Exception: Vancomycin within 120 min prior.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Physician Name (Printed):** \_\_\_\_\_



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Patient Identification / Label