

# HCA Florida Palms West Hospital Day of Surgery Orders

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

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

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

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



Day of Surgery Pre-Operative Orders



Patient Identification / Label