

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**

- 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 CODES:
CPT CODE(S)			

<b>ALLERGIE(S)</b> Type of Reaction(s): Patient Weight: _____ kg
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**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
- Cefazolin 2 gm IV for patient weight 60-120 kg, infuse within 60 minutes prior to surgery
- Cefazolin 3 gm IV for patient weight > 120 kg, infuse within 60 minutes prior to surgery

**If beta-lactam allergy or has a history or risk for MRSA, instead of cefazolin, give**

- Vancomycin 750 mg for patient weight < 50 kg IV over 60 minutes, infuse within 120 minutes prior to surgery
- Vancomycin 1 gm for patient weight 50 - 100 kg IV over 60 minutes, infuse within 120 minutes prior to surgery
- Vancomycin 1.5 gm for patient weight > 100 kg IV over 90 minutes, infuse within 120 minutes prior to surgery

**If beta-lactam and vancomycin intolerant, give clindamycin instead of cefazolin or vancomycin:**

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

**Cardiac or Vascular Surgery:**

- Cefazolin dose as above x 1 preop
- Vancomycin dose as above x 1 preop
- Clindamycin dose as above x 1 preop Intra-abdominal Surgery:**
- Cefazolin, dose as above and metronidazole 500 mg IV x 1 dose each preop
- Levofloxacin 500 mg IV and metronidazole 500 mg IV x 1 dose each preop

**Gynecologic Surgery:**

- Cefazolin, dose as above x 1 preop
- Clindamycin, dose as above x 1 preop
- Vancomycin, dose as above x 1 preop
- Other medication order: \_\_\_\_\_

**Medications:**

**A. To be given in pre-op day of procedure**

**B. Patient given prescription to take the medication prior to arrival for surgery**

- Acetaminophen 975 mg PO x 1
- Acetaminophen 650 mg liquid PO x 1
- Acetaminophen 1gm IV x 1
- Celecoxib 200 mg PO x 1 preop
- Gabapentin (Neurotin) 600 mg PO x 1
- Gabapentin (Neurotin) 200 mg PO x 1
- Reminder: If age > 75, patient on dialysis, or <50kg weight, give:**
- Gabapentin (Neurotin) 300 mg PO x 1 preop
- Oxycodone SUSTAINED release (Oxycontin) 10 mg PO x 1
- Oxycodone IMMEDIATE release (OxyIR) 10 mg PO x 1
- Metoclopramide 10 mg IV x 1 dose
- Other medication order: \_\_\_\_\_

- Tramadol 50mg PO x 1
- Dexamethasone 8mg PO x 1 (DO NOT ORDER IF DIABETIC)

Physician Signature: \_\_\_\_\_

Date/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_

PRE OPERATIVE ORDERS



\*POS\* HCAFL-H-JFKN-10003  
Rev. 06/21 Page 1 of 2



Patient Identification/Label

**Pre-Operative Orders**

**EKG Done at:**  JFK North Campus  PCP **Must Be Legible Copy**

Labs Done at:  JFKN  
 Outside Testing

**Please use Anesthesia Guidelines to determine testing.**

- A1C
- CBC  CBC w/Differential
- Chem 7  PT, PTT & INR
- Chem 25  Liver Profile
- Sickle Cell  BHCG < 55

- yrs.
- Urinalysis  CEA
- Urine Culture & Sensitivity
- Type & Screen
- MRSA/MSSA Screening
- Type & Cross X \_\_\_\_\_ units

**PTH Analyzer:**

- Hematology Testing
- Nuclear Medicine Injection

Other Labs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Anti Embolic Hose
- Sequential Compression Device(s) Case Management to Arrange:

- Incentive Spirometer

**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.:

Patient From Nursing Home/Extended Care Facility?  No  Yes Phone: \_\_\_\_\_  
Name: \_\_\_\_\_

NPO AFTER MIDNIGHT, DATE: \_\_\_\_\_  
 **ENHANCED SURGICAL RECOVERY**

**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 JFKN 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.
  - If patient is Diabetic**, 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.

**Chest X-Ray**  
 JFKN  Outside testing

KUB day of procedure: \_\_\_\_\_

Breast: \_\_\_\_\_

MRI: \_\_\_\_\_

CT: \_\_\_\_\_

**Obtain Test Results:**

MRA  VEIN MAPPING  OTHER: \_\_\_\_\_

DONE AT: \_\_\_\_\_

Other: \_\_\_\_\_

**PERSON COMPLETING FORM:**

NAME (PLEASE PRINT):

DATE:

TIME:

**PHYSICIAN'S SIGNATURE:**

PHYSICIAN'S NAME (PLEASE PRINT):

DATE:

TIME:

PRE OPERATIVE ORDERS



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