

UM Upper Chesapeake Health Orthopaedic Preop Day of Surgery (DOS) Orders

Pg 1 of 2

Patient Name: _____

Patient DOB: _____

Use of this order set is Mandatory for ALL Ortho non-emergent Surgeries

= Prescriber's option *must* check off to order. = *automatically* initiated unless crossed out

Scheduled Surgery Date: _____ **Anticipated Surgery Time:** _____

Hospital: HMH UCMC

Anticipated Patient Status: OP, **Standard** Recovery < 2 hrs OP, **Extended** Recovery ≥ 2hrs/OP Requiring Bed
 Admit as **Inpatient** Unsched Postop from ED- Admit Unsched Postop from ED-OBS

Ht: _____ **Wt:** _____ **kg** (only list weight in kg)

ALLERGIES: Refer to the Meditech Allergy screen for complete, authenticated list prior to administering any drugs)

Preoperative Surgical Site Skin Preparation, per Protocol:

Inpatients must receive CHG bath/shower on the evening prior to surgical procedure. This process shall be repeated in AM on day of surgery.

Patients greater than 2 months of age shall receive a CHG cloth to the surgical site area completed in Preoperative area.

Emergency Department patients awaiting surgical consults shall receive CHG cloths to surgical site per protocol.

DOS Labs:

BMP CBC H&H PT/INR Type & Screen Type & Crossmatch X _____units

Urine HCG(Qual) Other lab: _____

IVF: Start IV 30 mL/hr preoperatively, per Anesthesia, with: LR NS 0.45NS

Therapy Orders: Preop DOS Consultation: PT (gait training/LE) OT (ADL's/UE)

Insert **urinary catheter** (to be placed intraoperatively); Reason for insertion: _____

Graduated Compression Stockings (TED's), for compression purposes: Knee-high Thigh-high
Limb(s): Bilateral Right only Left only

ADULT Medication Orders: (antibiotics on page 2)

albuterol unit dose 2.5 mg in 3 mL via Nebulizer times 1 dose

celecoxib (Celebrex) 400 mg PO times 1, PRIOR to OR with sip of water

acetaminophen (Tylenol) 975 mg PO times 1, PRIOR to OR with sip of water

pregabalin (Lyrica) 75 mg PO times 1, PRIOR to OR with sip of water

oxyCODONE SR (OxyContin) 10 mg PO times 1, PRIOR to OR with sip of water (Anesthesia clearance **MUST** be obtained first) (Use with caution if age 65 or greater or CrCl less than 50)

Other Orders: _____

Tranexamic Acid Options:

(Single Dose) tranexamic acid 1 gram in 100 mL NS IV, infuse over a minimum of 10 min preoperatively with antibiotic, times 1 dose (will require 2nd IV line)

-or-

(Two Stage Dose) tranexamic acid 1 gram in 100 mL NS IV, infuse over a minimum of 10 min preoperatively with antibiotic, then tranexamic acid 1 gram in 100 mL NS IV, infused at closing of incision (will require 2nd IV line)

-or-

(Topical) tranexamic acid 1 gram in 50 mL NS times 2 syringes (2 gram total dose) for topical surgical wound soak for 5 minutes prior to closing of incision

(Use with caution in patients with thromboembolic history, renal impairment, history of subarachnoid hemorrhage or cardiac stent)

Authorized Prescriber Signature _____ Date _____ Time _____

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Pg 2 of 2

Patient Name: _____

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Intra-articular Joint Injection Solutions (to be prepared by Pharmacy):

Base solution: epinephrine 0.25mg (1:1000)/ NS mixed in 60mL syringe, per protocol

- morphine 5 mg ketorolac 30 mg Depo-Medrol 20 mg cefuroxime (Zinacef) 750 mg
 ropivacaine 0.5% 250 mg (**NOT to be used with Exparel**)

Exparel is limited to Knee, Hip, Shoulder, and Patella surgeries ONLY.

Exparel (bupivacaine liposome injectable suspension) 1.3% 266 mg/20 mL diluted with 40 mL preservative-free normal saline to a total of 60 mL (using a 60 mL luer-lock syringe), per protocol. *****One vial per patient*****

Other formulations of bupivacaine should not be administered within 96 hours

(Use with caution with patients that have mod-to-severe hepatic impairment or mod- to- severe renal impairment)

Nurse MUST apply Exparel arm band to patient wrist if Exparel is administered

- bupivacaine HCl 0.25% 30 mL times 1 dose (for use in soft tissue infiltration with Exparel for quick acting onset)

On-Q-C® Pump ropivacaine 0.2% (**Continuous Pump**) Volume: 400 mL 600 mL

Intervention: VTE Prophylaxis

Criteria: VTE prophylaxis should be ordered & administered within 24 hours pre/post-surgery

VTE Prophylaxis:

Mechanical: Size: Knee-high Thigh-high Limb(s): Bilateral Right only Left only
 Sequential Compression Devices (SCD's), to be placed intraoperatively

Pharmacologic: (To be administered by anesthesiologist)

- heparin 5000 units SQ injection times 1 dose prior to incision (Indicated if BMI greater than 35, as appropriate for surgical procedure)

Intervention: Beta Blocker

Criteria: Patients on beta blockers should receive beta blocker during perioperative period

Preoperative Beta Blocker Therapy: **Recommended ONLY for patients already taking beta blockers**

*****REVIEW HOME MEDICATION RECONCILIATION PRIOR TO ORDERING BETA BLOCKER THERAPY*****

If patient was on beta blocker prior to Admission and AM dose has not been administered, contact Anesthesia provider STAT for preop order, as appropriate

Intervention: Preoperative Antibiotic ---- *****ADULT patients only*****

Criteria: **GIVE PREOP ANTIBIOTIC TIMES 1 DOSE, WITHIN 0-60 MIN OF INCISION, EXCEPT VANCO.**

BEGIN PREOP VANCOMYCIN WITHIN 90 MIN PRIOR TO EXPECTED INCISION TIME

Criteria: **Vancomycin** orders must include appropriate criteria for use. Order in Vancomycin Section of table

Criteria: Prophylactic antibiotic must meet recommendations appropriate to surgical procedure

(NOTE: Anesthesia Provider will administer all antibiotics except vancomycin which will be initiated by the nurse)

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SURGICAL SPECIALTY	ANTIBIOTIC ORDERS	IF BETA LACTAM ALLERGY
ORTHO (WITH IMPLANT) NEURO & SPINAL SURG	<input type="checkbox"/> CeFAZolin IV 2 gm times 1 dose preop	<input type="checkbox"/> Clindamycin 900 mg IV times 1 dose preop
VANCOMYCIN CRITERIA FOR USE & ORDERS (Infuse over 120 min): Vancomycin IV <input type="checkbox"/> 1 gm OR <input type="checkbox"/> 1.5 gm (80 kg or greater) times 1 dose preop		Abx Guidelines for Vanco: Based upon oper site environ.- If Gram positive only: <u>Substitute</u> abx to Vanco only If Gram negative or a mix:ADD Vanco to suggested abx regimen
If ordered, MUST provide Reason: <input type="checkbox"/> Allergy to BOTH Beta-lactam AND clindamycin <input type="checkbox"/> MRSA , Known or Suspected <input type="checkbox"/> Acute IP or SNF hospitalization last 12 month <input type="checkbox"/> Increased MRSA, either facility-wide or operation-specific <input type="checkbox"/> Chronic wound care or dialysis <input type="checkbox"/> Transfer from another inpt hospital after 3-day stay		

Authorized Prescriber Signature _____ Date _____ Time _____