

# UM Upper Chesapeake Health Presurgical Information & Orders

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## PRESURGICAL INFORMATION:

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Surgery Time: \_\_\_\_\_

Hospital: HMH UCMC

Expected Patient Status:  Outpatient, Standard recovery <2 hrs  
 Outpatient, Extended recovery ≥ 2hrs/ OP Requiring Bed  
 Admit as Inpatient postoperatively

Attending: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Procedure: \_\_\_\_\_

Anticipated Anesthesia:  General  Regional  MAC  Local  IV Sedation by Surgeon

ALLERGIES: \_\_\_\_\_

Latex Allergy:  Yes  No  Unknown

History and Physical to be done by Dr. \_\_\_\_\_ Contact number: \_\_\_\_\_

Cardiac Clearance to be done by Dr. \_\_\_\_\_ Contact number: \_\_\_\_\_

Medical Clearance to be done by Dr. \_\_\_\_\_ Contact number: \_\_\_\_\_

Pulmonary Clearance to be done by Dr. \_\_\_\_\_ Contact number: \_\_\_\_\_

Notify Respiratory Therapy (ext 5273) of CPAP settings: \_\_\_\_\_

(Bariatric patients only): Notify 4T Nursing Unit of Specialty Bed need. Abd girth: \_\_\_\_\_ Wt \_\_\_\_\_ kg

## **PRESURGICAL EDUCATION and POSTOP PAIN MANAGEMENT PLAN:**

Routine Pre-Operative Instructions and Post-Operative Teaching to Patient

Incentive Spirometry Education

Postop Pain Management Plan:  PCA  IV/IM  PO  Contin Periph Nerve Block

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

## **LABS/DIAGNOSTIC TESTS:**

**ICD-9-CM Code:** \_\_\_\_\_

CBC with automated diff  Hemoglobin and Hematocrit  Chest x-ray

Type and Screen  Type and Cross \_\_\_\_\_ units  EKG

Basic Metabolic Panel  HCG, serum, qualitative

Comprehensive Metabolic Panel  PT/INR  PTT

Nares MRSA Screen  Urinalysis

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

Authorized Prescriber Signature \_\_\_\_\_ Date/Time: \_\_\_\_\_