

Do Not Use Abbreviations: U (for Unit), IU for International unit), Q.D., Q.O.D., Trailing Zero (X.0 mg) MS, MSO4 MgSO4

**PODIATRY-ORTHOPEDIC 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):	DATE OF BIRTH:	FIRST NAME:	
DIAGNOSIS:	ANESTHESIA TYPE:		
PROCEDURE CONSENT TO STATE:			
DATE OF SURGERY/PROCEDURE	PHYSICIAN:	PRIMARY PHYSICIAN:	CPT CODES:

**ALLERGIE(S)**  
**Type of Reaction(s):**

EKG Done at:  JFK  PCP **Required age 55 and over within 30 days of Surgery, Must Be Legible Copy**

- Labs Done at:  JFK  
 Outside Testing
- Please use Anesthesia Guidelines (on the back) to determine testing. All Labs must be within 14 days of surgery.**
- A1C  
 CBC  CBC With Differential  
 Chem 7  PT, PTT & INR  
 Chem 25  Liver Profile  
 Sickle Cell  BHCG < 55 yrs.  
 CEA  Type & Screen  
 Urinalysis to be done at JFK  
 Urine Culture & Sensitivity to be done at JFK Medical Center  
 Type & Cross X \_\_\_\_\_ units  
 MRSA Screen  
 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: \_\_\_\_\_

Other Medications:  
 Acetaminophen (Tylenol) 1000 mg by mouth pre-operative x 1 dose only  
 Celecoxib (Celebrex) 200 mg by mouth pre-operative x 1 dose only  
 Decadron 8mg IV pre-operatively x 1 dose only  
 Gabapentin (Neurontin) 600 mg by mouth pre-operative x 1 dose only  
 Oxycodone Regular Release 10 mg by mouth pre-operative x 1 dose only  
 Reglan 10mg IV pre-operatively x 1 dose only  
 Tranexamic Acid will only be dispensed if ALL of the following criteria are met (physician to certify):  
 Patient does NOT have known tranexamic acid hypersensitivity  
 Patient does NOT have active thromboembolic disease  
 Patient does NOT have a history of thrombosis or thromboembolism  
 Patient does NOT have an active stroke  
 Patient does NOT have a history of stroke  
 Patient does NOT have known hypercoagulopathy  
 Patient does NOT have acquired defective color vision  
 Dose: 1000 mg IVPB Dextrose 5% 50 ml over 10 minutes x 1 dose  
 Administer 30 minutes prior to in\_ation of the tourniquet.

0.9% Sodium Chloride at 30 millhour upon arrival to pre-op.  
 Lactated Ringers at 30 millhour upon arrival to pre op.

Please initiate the clinical practice guidelines for Perl Operative Antibiotic Prophylaxis for the following:  Orthopedics

**NPO after Midnight, Date:**

Chest X-Ray (Within 90 Days Of Surgery):  JFK  Outside Testing  
 MRI  CT  Other: \_\_\_\_\_

Obtain Films From: \_\_\_\_\_  
 Popliteal Block  Single  Catheter  On Q Pump

<b>PERSON COMPLETING FORM:</b>	NAME (PLEASE PRINT):
<b>PHYSICIAN'S SIGNATURE:</b>	PHYSICIAN'S NAME (PLEASE PRINT):
DATE: TIME:	

PODIATRY-ORTHO  
PRE OPERATIVE ORDERS



Patient Identification/Label