

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):		FIRST NAME	DATE OF BIRTH:
DIAGNOSIS:			ANESTHESIA TYPE:
PROCEDURE CONSENT TO STATE:			
DATE OF SURGERY/PROCEDURE	PHYSICIAN:	PRIMARY PHYSICIAN:	
CPT CODE(S)			

**ALLERGIE(S)**

Type of Reaction(s):

Patient Weight: \_\_\_\_\_ kg

**PRE-OP MEDICATIONS:**

**IV FLUIDS:**

- Peripheral IV access
- Lactated Ringers @ 30 mL/hr on arrival to Preop
- 0.9% Sodium Chloride @ 30 mL/hr on arrival to Preop
- \_\_\_\_\_

**PRE-OP ANTIBIOTICS:** Infuse within 60 minutes prior to surgery

- Patient weight < 60 kg: cefazolin 1 gm IV
- Patient weight 60-120 kg: cefazolin 2 gm IV
- Patient weight > 120 kg: cefazolin 3 gm IV

**If beta-lactam allergy or has a history or risk for MRSA, give vancomycin; For hip or knee replacement, if positive or unknown MRSA nasal surveillance swab, give cefazolin with vancomycin:**

*Vancomycin Dose:* Infuse within 120 minutes prior to surgery

- Patient weight < 50 kg: Vancomycin 750 mg IV over 60 minutes
- Patient weight 50 - 100 kg: Vancomycin 1 gm IV over 60 minutes
- Patient weight > 100 kg: Vancomycin 1.5 gm IV over 90 minutes

**If beta-lactam and vancomycin intolerant, give clindamycin:**

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

**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 JFK 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.

Physician Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ at: \_\_\_\_\_

PODIATRY-ORTHO  
PRE OPERATIVE ORDERS



\*POS\* JFK-701-10004  
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5301 South Congress Avenue  
Atlantis, FL 33462

Patient Identification/Label

**PODIATRY/ORTHOPEDIC PRE-OPERATIVE ORDERS**

<p><b>MEDICATIONS:</b></p> <p><b>A. To be given in preop day of surgery, or</b></p> <p><b>B. Patient given script to take medication prior to arrival</b></p> <input type="checkbox"/> Acetaminophen 975 mg PO x 1 <input type="checkbox"/> Acetaminophen 650 mg liquid PO x 1 <input type="checkbox"/> Acetaminophen 1gm IV x 1 <input type="checkbox"/> Celecoxib 200 mg PO x 1 <input type="checkbox"/> Gabapentin (Neurontin) 600 mg PO x 1 <i>Reminder: If age &gt; 75, patient on dialysis, or &lt;50kg weight, give:</i> <input type="checkbox"/> Gabapentin (Neurontin) 300 mg PO x 1 <input type="checkbox"/> Oxycodone SUSTAINED release (Oxycontin) 10 mg PO x1 <input type="checkbox"/> Oxycodone IMMEDIATE release (OxyIR) 10 mg PO x 1 <input type="checkbox"/> Metoclopramide 10 mg IV x 1 <input type="checkbox"/> Tranexamic acid 1gm IV x 1 <input type="checkbox"/> Other medication order: _____ <input type="checkbox"/> Tramadol 50mg PO x 1 <input type="checkbox"/> Dexamethasone 8mg x 1 (DO NOT ORDER IF DIABETIC)	<p><i>Reminder: Contraindicated in patients with glaucoma or elevated intraocular pressure</i></p> <p><i>Reminder: Do not give if age &gt;65</i></p> <input type="checkbox"/> SCOPOLAMINE HYDROBROMIDE 1 PATCH TRANSDERM PREOP. APPLY UPON ARRIVAL BEHIND EAR and GIVE PATIENT SCOPOLAMINE INSTRUCTION SHEET
<input type="checkbox"/> VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS (must select one) <input type="checkbox"/> enoxaparin (Lovenox) 40 mg subcutaneous x1 preop <input type="checkbox"/> heparin 5,000 units subcutaneous x1 preop <input checked="" type="checkbox"/> Calf-high Sequential Compression Device to be placed in preop	

**EKG** Done at:  JFK Main  PCP

**Must Be Legible Copy**

Labs Done at:  JFK Main  Outside Testing

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

 A1C  
 CBC  CBC With Differential  
 BMP (Basic Metabolic Profile)  
 CMP (Complete Metabolic Profile)  
 Liver Profile  PT, PTT & INR  
 Sickle Cell  Urine BHCG (qual)  
 Urinalysis  CEA  
 Urine Culture & Sensitivity  
 Type & Screen  
 Type & Cross X \_\_\_\_\_ units  
 MRSA/MSSA Screening (required for all total knees and total hips)  
 Other Labs: \_\_\_\_\_  
 Incentive Spirometer  
 Instruct 2% chlorahexadine bathing  
 Case Management to Arrange:  
 \_\_\_\_\_  
 Rolling Walker

**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.: \_\_\_\_\_

**Other Pre Op Evaluation (Type):** Phone: \_\_\_\_\_  
 No  Yes Dr.: \_\_\_\_\_

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

NPO AFTER MIDNIGHT, DATE: \_\_\_\_\_

**Chest X-Ray**  
 JFK Main  Outside testing

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

**Obtain Test Results:**  
 OTHER \_\_\_\_\_  
 DONE AT : \_\_\_\_\_  
 ADDITIONAL ORDERS: \_\_\_\_\_

Popliteal Block  Single  Catheter  On Q Pump

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

Patient Name and Date of Birth (for offices) \_\_\_\_\_

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