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 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.

Physician Signature: _____ Print Name: _____ Date/Time: ____/____/____ at: _____

JFK MEDICAL CENTER
Main Campus - Atlantis
North Campus - West Palm Beach
2201 - 45th Street
West Palm Beach, FL 33407

Patient Identification/Label

PODIATRY/ORTHOPEDIC PRE-OPERATIVE ORDERS

MEDICATIONS:

A. To be given in preop day of surgery, or
B. Patient given script to take medication prior to arrival

- ☐ Acetaminophen 975 mg PO x 1
- ☐ Acetaminophen 650 mg liquid PO x 1
- ☐ Acetaminophen 1gm IV x 1
- ☐ Celecoxib 200 mg PO x 1
- ☐ Gabapentin (Neurontin) 600 mg PO x 1
  Reminder: If age > 75, patient on dialysis, or <50kg weight, give:
- ☐ Gabapentin (Neurontin) 300 mg PO x 1
- ☐ Oxycodone SUSTAINED release (Oxycontin) 10 mg PO x1
- ☐ Oxycodone IMMEDIATE release (OxyIR) 10 mg PO x 1
- ☐ Metoclopramide 10 mg IV x 1
- ☐ Tranexamic acid 1gm IV x 1
- ☐ Other medication order: _____
- ☐ Tramadol 50mg PO x 1
- ☐ Dexamethasone 8mg x 1 (DO NOT ORDER IF DIABETIC)

Reminder: Contraindicated in patients with glaucoma or elevated intraocular pressure

Reminder: Do not give if age >65

- ☐ SCOPOLAMINE HYDROBROMIDE
  1 PATCH TRANSDERM PREOP.
  APPLY UPON ARRIVAL BEHIND EAR and GIVE PATIENT SCOPOLAMINE INSTRUCTION SHEET

- ☐ VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS
  (must select one)
- ☐ enoxaparin (Lovenox) 40 mg subcutaneous x1 preop
- ☐ heparin 5,000 units subcutaneous x1 preop
- ☒ Calf-high Sequential Compression Device to be placed in preop

☐ **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 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**
☐ JFKN ☐ Outside testing
MRI: _____
CT: _____

Obtain Test Results:
☐ OTHER _____
DONE AT : _____
ADDITIONAL ORDERS: _____

☐ Popliteal Block ☐ Single ☐ Catheter ☐ On Q Pump

PERSON COMPLETING FORM:	NAME (PLEASE PRINT): DATE: TIME:
PHYSICIAN'S SIGNATURE:	PHYSICIAN'S NAME (PLEASE PRINT): DATE: TIME:

Patient Name and Date of Birth (for offices) _____

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