

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

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.
 Urinalysis CEA
 Urine Culture & Sensitivity
 Type & Screen MRSA Screening
 Type & Cross X _____ units
PTH Analyzer Hematology
Testing: Nuclear Medicine Injection
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: _____
Please initiate the clinical practice guidelines for Peri Operative Antibiotic Prophylaxis for the following (must check one):
 Biliary Tract Extensive Skin and Subcutaneous
 Colorectal Orthopedics
 Esophageal and Gastroduodenal Head and Neck
 Appendectomy Podiatry With incision through oral mucosa
 Vascular (Including Access Devices) Thoracic or pharyngeal mucosa
 Genitourinary High Risk Breast Hernia
 Gynecology/Hysterectomy Neurologic
Other Medications:
 Alvimopan (Entereg) will only be dispensed if **All** of the following criteria are met (**physician to certify**):
The patient does not currently have a bowel obstruction
The patient has not received opioids more than seven (7) consecutive days prior to surgery
The patient does not have severe hepatic dysfunction (Child-Pugh C) or end stage renal disease.
If all criteria are met then: Alvimopan (Entereg) 12 mg orally 30 minutes prior to surgery times 1 dose.
 Bowel Prep ordered:
 0.9% Sodium Chloride at 30 mL/hour upon arrival to pre-op.
 Lactated Ringers at 30 mL/hour upon arrival to pre op.
 NPO after Midnight, Date: _____

Chest X-Ray (Within 90 Days Of Surgery)
 JFK Outside testing
KUB day of procedure: _____
Breast: _____
MRI: _____
CT: _____
Obtain Films From: _____
Other: _____

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

PRE OPERATIVE ORDERS



Patient Identification/Label