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 critieria 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 mllhour upon arrival to pre-op.
☐ Lactated Ringers at 30 mllhour 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

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

PODIATRY-ORTHO
PRE OPERATIVE ORDERS

JFK MEDICAL CENTER
Main Campus - Atlantis
North Campus - West Palm Beach
5301 South Congress Avenue
Atlantis, FL 33462

Patient Identification/Label

POS JFK-701-10004
Rev. 09/16