

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
- Colorectal
- Esophageal and Gastroduodenal
- Appendectomy
- Vascular (Including Access Devices)
- Genitourinary High Risk
- Gynecology/Hysterectomy
- Extensive Skin and Subcutaneous
- Orthopedics
- Head and Neck
- Podiatry With incision through oral mucosa or pharyngeal mucosa
- Thoracic
- Breast Hernia
- 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