Kootenai Main OR Physician Order Form

Fax to Preoperative Clinic at 208−625−4471

Admitting Physician _____

Patient Name _____ Date of Birth _____ Home Phone _____

ALLERGIES: ☐ NKDA ☐ Latex ☐ Iodine ☐ Other _____

Skilled Nursing Facility _____

Diagnosis _____

Surgery Date _____ Time _____ CPT _____ Authorization # _____

☒ Initiate Operative Consent _____

BEFORE SURGERY – PREADMIT ORDERS: ☐ PT/INR ☐ PTT ☐ PSA ☐ A1C ☐ SED Rate ☐ CRP

☐ BMP ☐ CMP ☐ CBC w/diff ☐ CBC no diff ☐ MRSA nares swab ☐ UA & C&S, if indicated

☐ Type & Screen ☐ Type & Cross PRBC hold for OR # _____ units ☐ Other labs _____

☐ EKG ☐ CXR ☐ KUB

☐ Cardiac Clearance by _____

☐ Other Provider Clearance _____

NPO Order: ☐ No solids after 23:00, water only up to 3 hours prior to arrival ☐ Full NPO at 23:00 except sips of water for meds

☐ Enhanced Recovery Program Diet ☐ Other NPO instructions _____

Medications to Stop Prior to Surgery: ☐ NSAIDs ☐ Aspirin ☐ Plavix ☐ Coumadin

☐ Other _____ ☐ Hold # days prior _____

DAY OF SURGERY – PRE-PROCEDURE: ☐ PT/INR ☐ PTT ☐ UA & C&S, if indicated

☐ MRSA nares swab ☐ BMP ☐ CMP ☐ CBC w/diff ☐ CBC no diff ☐ Urine Pregnancy test per policy

☐ Type & Screen ☐ POCT INR ☐ POCT Lytes ☐ Preop PTH ☐ Intra-op PTH ☐ Other labs _____

☐ CXR ☐ EKG ☐ KUB ☐ Other imaging _____

Anesthesia Preference: ☐ General ☐ MAC ☐ Spinal ☐ Intrathecal ☐ Local ☐ Regional Blocks

Type of Admit Status: ☐ Ambulatory ☐ Inpatient

Inpatient admit level of care expected: ☐ Adult Critical Care ☐ Acute Care-Med/Surg ☐ Adult Progressive Care ☐ Peds Med/Surg

Estimated length of stay _____

Code Status: ☐ Full Code ☐ Do Not Resuscitate

☒ Vital signs/oximetry/height/weight on admission per protocol.

☐ Do not use arm: ☐ Right ☐ Left

DVT Prophylaxis: ☒ SCDs to be worn unless contraindicated ☐ Knee-length TEDs

☒ Scrub surgical site with Chlorohexidine wipes; AM of surgery

☒ Start IV site(s) _____ ☒ IV maintenance ☒ Lidocaine 1% 0.2ml intradermally for IV start, if not allergic as needed

☒ IV Lactated Ringers TKO (unless renal disease, then replace with Normal Saline TKO)

Surgical Antibiotic: ☐ No antibiotic required

Cefazolin safe to give in severe penicillin allergy. Reserve vancomycin and clindamycin for severe cephalosporin allergy. Only use vancomycin as preoperative prophylaxis in patients lacking decolonization with a positive MRSA nare screen.

☐ Metronidazole 500 mg IVPB x 1 ☐ CefOXitin 2 gm IVPB x 1

☐ CeFAZolin 2gm IVPB x1 ☐ CeFAZolin Pt > 120kg = 3gm IVPB x 1 ☐ Ciprofloxacin 400 mg IVPB x1

☐ Vancomycin – Pharmacy to dose for surgical prophylaxis per protocol ☐ Clindamycin 900mg IVPB x1

☐ Gentamicin 5mg/kg IVPB x1 ☐ Ampicillin 2 gm IVPB x1 ☐ Unasyn 3gm IVPB x1

☐ Other Antibiotic _____

Other Medications: ☐ Heparin 5,000 units SQ x 1 give 30 minutes prior to OR ☐ Scopolamine 1mg/3 days transdermal patch

☐ Other Medications _____ ☐ Multimodal Medication Order Set (Must fax in separate multimodal order sheet)

☐ Other Pre-Op Orders _____

Physician Signature _____

Printed Name _____ **Date/Time** _____

Patient Identification – Write in or attach patient label

Name:

MRN #:

CSN #:

Age/Sex:

KootenaiHealth

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- Referral Attachment