**PHYSICIANS ORDERS**

**CCO**

**PRE-OP ORDERS: ORTHOPEDIC**

**INFORMATION REQUESTED ON ADMISSION ORDERS ONLY**

<table>
<thead>
<tr>
<th>ALLERGIES/REACTIONS:</th>
<th>HT:</th>
<th>WT/KG:</th>
</tr>
</thead>
</table>

**GENERAL INSTRUCTIONS:**

A. CHECK ALL BOXES FOR ALL APPLICABLE ORDERS

B. DATE, TIME, SIGN, STAMP AND FLAG ORDERS APPROPRIATELY.

C. CONSIDER THE FOLLOWING PRN’S: LAXATIVES, SEDATIVES, ANTAGONISTS, ANALGESICS, ANTIEMETICS, ANTICOAGULANT THERAPY.

D. FILL IN PARAMETERS FOR VITAL STATISTICS WITH: > = GREATER THAN AND < = LESS THAN.

E. HIGHLIGHT AND ASTERISK (*) ORDER NUMBERS FOR STAT ORDERS IN THE EMERGENCY DEPARTMENT ONLY.

**SERVICE IDENTIFICATION:**

<table>
<thead>
<tr>
<th>Attending:</th>
<th>TIME:</th>
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<thead>
<tr>
<th>Intern/Team:</th>
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<table>
<thead>
<tr>
<th>Isolation required: (And if so, type)</th>
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<tr>
<th>Diagnosis/Procedure:</th>
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<thead>
<tr>
<th>Condition:</th>
<th>Good</th>
<th>Fair</th>
<th>Serious</th>
<th>Critical</th>
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<thead>
<tr>
<th>Allergies/Reactions:</th>
<th>NKA</th>
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**NURSING ORDERS:**

**Pre-Op Orthopedic Orders**

**Patient Type:** □ Admit to Inpatient: IP only Procedure:

□ Admit to Inpatient (enter into computer: I expect this patient will require a stay crossing 2 midnights because):

□ Outpatient  □ Outpatient Extended (23 hr)

□ ED start of care date: __________ I certify that my determination is in accordance with my understanding of Medicare or other payer’s requirements for reasonable and necessary IP services

□ Joint Replacement  □ Spine Surgery  □ Shoulder Surgery  □ Fracture Fixation

□ Other:

**Code Status:** □ Full Code  □ DNR  □ DNR / DNI

<table>
<thead>
<tr>
<th>Source:</th>
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| Diet: | NPO except meds with sip of water
|      | □ Clip operative site and wash with chlorhexidine 4% soap prior to transport to OR

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**PRESCRIBER SIGNATURE**

**PRINT NAME/TITLE**

**DATE/TIME**

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F83811 - PO: SOS PO: Pre-Op Admiss Tstg.  10/2015

Page 1 of 3

MR C
PHYSICIANS ORDERS

CCO

PRE-OP ORDERS: ORTHOPEDIC

Patient Name: ___________________________ MR#: ___________________________

Account #: ___________________________ DOB: ___________________________ Date: ___________________________

<table>
<thead>
<tr>
<th>INFORMATION REQUESTED ON ADMISSION ORDERS ONLY</th>
<th>AUTOMATIC STOP ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLERGIES/REACTIONS: __________________________</td>
<td>Controlled substances – standing orders – 7 days</td>
</tr>
<tr>
<td>WARFARIN – up to 7 days</td>
<td>Heparin IV – 1 day</td>
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<tr>
<td>Heparin minidose – 30 days</td>
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</table>

MEDICATION ORDERS MUST INCLUDE THE DOSE – FREQUENCY – ROUTE OF ADMINISTRATION

Elastic Stockings / Wraps:  ☐ Knee length TEDs  ☐ Thigh length TEDs  ☐ ACEs to lower extremities  ☐ None

PCD Pre-Op: Foot Garments for Total Joint Replacement (TJR) patients on call to the OR

☐ BairPaws warming gown applied and turned on in admission unit

☐ Plan for OrthoPAT - start 2 IVs as needed

☐ Room Air Oximetry if not done in PAT

☐ Bedside glucose x1 upon admission

Teaching:  ☐ Cough, Deep Breathing Teaching  ☐ Incentive Spirometer

IV FLUIDS & MEDICATIONS: (COMPLETE ANTIMICROBIAL ORDER FORM IF APPROPRIATE – USE SEPARATE SHEET AS NECESSARY)

Stress dose steroids:  ☐ Hydrocortisone 100 mg IV on call to OR

☐ Antibiotics:

  Cefazolin 2 gram IV if pt. weight < 120 kg  - Or -

  Cefazolin 3 gram IV if pt. weight >/= 120 kg on call to OR  (If pt. has history of MRSA or severe allergy (hives or anaphylaxis) to Penicillin, do not give Cefazolin. Instead give *Vancomycin: see MRSA positive protocol below)

MRSA Positive?  ☐ Yes  ☐ No  If yes, then:  *Vancomycin: first case dose will be started on unit, with all other cases the pre-op nurse will call 492-5522 to determine the anticipated case start time to coordinate the administration of the Vancomycin.

Date: ___________ Time: ___________ RPh: ___________

Preoperative medications to be administered just prior to transport to Operating Room:

☐ Acetaminophen 975mg PO

☐ Gabapentin (Neurontin) 600mg PO

☐ Scopolamine patch applied behind ear  (Hold for the following: 70+ years, hx of glaucoma, vertigo, dementia)

☐ Dexamethasone (Decadron) 4mg IVP  (Hold if patient is a Diabetic or if stress dose steroids are ordered)

☐ Ondansetron (Zofran) 4mg IVP

☐ IR Oxycodone 10mg PO if less than 70 years old  - Or -

☐ IR Oxycodone 5mg PO if 70 years or older

☐ Metoclopramide (Reglan) 10mg IVP

☐ Celecoxib (Celebrex) 200mg PO  (Hold for any of the following: Sulfa or NSAID allergy, Creatinine 1.1 or greater for females and 1.3 or greater for males, or Over age 70

☐ Other:

NURSING ONLY

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CHECKED BY:

DOUBLE CHECK:

TIME FAXED:
Intraoperative medication to be administered in OR by surgeon:

- Injectable Pain Cocktail: Bupivicaine 0.5% with Epinephrine 1:200,000 - 40 ml, Morphine (C-II)
  - 10mg/ml - 1 ml, Sodium chloride 0.9% - 19ml  **Total Volume: 60ml** (for local use only: Not for IV or IM)

Intraoperative medication to be administered topically by surgeon or intravenously by anesthesia:

- Tranexamic Acid Per Order Form # 13302

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DOUBLE CHECK:

TIME FAXED: