

Hospitalize as: ☐ Outpatient (SDS) ☐ Outpatient (Ext) Overnight < 24 hours ☐ Inpatient (AM Admit) Overnight > 24 hours ☐ Inpatient

Care of Dr. _____

Patient Name			Date of Procedure		Hospitalization Date			
DOB	Home Phone		Work Phone		If patient is a minor, name a parent			
Surgeon		Assistant		Primary Care Physician				
Procedure								
Diagnosis				Discharge Planning Consults <input type="checkbox"/> P.T. _____ % WT bearing <input type="checkbox"/> Case Management Eval <input type="checkbox"/> PT Eval <input type="checkbox"/> OT Eval				
Co-morbidities <input type="checkbox"/> Medical Co-Management ordered <input type="checkbox"/> Anesthesia Consult ordered				Special Instructions				
Pre-op Visit with Surgeon	Date			Surgeon Ordered	Anesthesia Ordered	Obtained (Initial)	Lab Drawn (Initial)	Comments
Medical Eval by PCP	Date		Comp Metabolic Panel					
	Ordered/ Sent	Obtained (Initial)	Electrolytes					
			CBC w/diff					
Surgical Consent			UA, C & S if indicated					
History and Physical			Type & Screen					
Notes			Type & Cross _____ Units					
			Autologous Donation _____ Units					
			APTT					
Lab studies done outside hospital or within last 6 months			PT/INR					
	Lab		ESR (Sed Rate)					
	ECG		CPR (C Protien Reactive)					
	CXR		HCG Quantitative					
Anesthesia Questionnaire			MRSA/MSSA Nasal Screen for total joints and all spine procedures	✓				
Anesthesia Consent			Other					
PAT/PAS Notes			Interpreted ECG					
			Interpreted CXR					
Anesthesiologist Signature (if testing ordered)								

PRE-OP Please check to activate each order desired:

- Betadine nasal swabs on arrival for Total Joint and Spine Procedure patients
- Chlorhexidine Gluconate 2% skin prep protocol

Pre-op Antibiotics for: hardware removal, fracture fixation, arthroscopy, joint replacement, spine procedures, fusion or joint, all foot reconstructive procedures.

Give all pre-op antibiotics within 1 hour prior to surgical incision (unless otherwise noted).

Use the following if no Type 1 allergy to Penicillin (hives, angioedema or anaphylaxis) or any allergy to cephalosporins

- ☐ Cefazolin (Ancef): **NOTE: Consider adding Vancomycin to Cefazolin for pts at high risk for Methicillin-Resistant Staph aureus (MRSA)**
- 2 grams IV if patient weight is less than 120 kg
 - 3 grams IV if patient weight is 120 kg or greater

If Type 1 allergy to Penicillin or any allergy to cephalosporins:

- ☐ Clindamycin 900 mg IV

--- OR --- *Use Vancomycin instead of Clindamycin if at high risk for Methicillin-Resistant Staph aureus (MRSA):*

- ☐ Vancomycin 15 mg/kg IV (Max 2 grams). Round up to nearest 250 mg. Start infusion 1-2 hours prior to incision. Dose may require 2 hour infusion time or longer. If in-patient, start on unit. Confirm start time with OR.
- Sequential Compression Device (SCD) to go with patient to OR. Single layer Spandagrip low level base of toes to knee (hip) or 1 inch above incision (knee) morning of post-op day 1.

- ☐ Ketorolac (Toradol) _____ mg IV

----OR----

- ☐ Celecoxib (Celebrex) 400 mg PO with sip of water (unless allergic to Sulfa or NSAID's)
- ☐ Acetaminophen _____mg PO with sip of water
- ☐ Gabapentin (Neurontin) 300 mg PO with sip of water
- ☐ Oxycodone immediate-release 10 mg PO with sip of water

**** If using Tranexamic acid (TXA) dosing – See Page 2****

Wentworth-Douglass Hospital
PHYSICIAN ORDERS

PRE-ADMISSION ORDERS –

Total Joint/Orthopedic Same Day Surgery/AM Admit



PO0020

6225-02MR
Rev. 01/09/18

● **Tranexamic Acid (TXA) dosing – Total Knee, Hip, or Spine Surgery (for ex: Spinal Fusion)**

CONTRAINDICATIONS:

Check if contraindication exists:

DO NOT USE TXA at all if the patient has the following:	
<input type="checkbox"/> Color blindness	Time Frame: currently

***** IF above box is checked, STOP HERE. Do not order TXA. *****

Check if contraindication exists:

DO NOT USE TXA VIA THE IV ROUTE if the patient has any of the following: (may use TOPICAL for Knee or Hip surgery ONLY, if IV TXA contraindicated)	
<input type="checkbox"/> Hx of PE, DVT, MI/CVA, coronary or vascular stents	Time Frame: Any time in the past
<input type="checkbox"/> Hypercoagulable disorder	Time Frame: Currently or any time in the past

DO NOT USE TOPICAL TXA for SPINE SURGERY

MEDICATIONS – "Check" to activate either IV or Topical TXA:

- ☐ **IV TXA:** Administer 1 GRAM IV over 15 minutes as follows:
- 2 doses for serum creatinine less than 2.8 mg/dl: 1st dose (1gm) prior to incision, 2nd dose (1gm) at case closure
 - 1 dose for serum creatinine 2.8 – 5.6 mg/dl: administer 1 gm prior to incision
 - Avoid use for serum creatinine greater than 5.6 mg/dl

- ☐ **Topical TXA:** *NOT approved for Spine Surgery*

Joint Irrigation: TXA 2 grams mixed in 50 ml 0.9% sodium chloride, applied topically to each cemented joint. Leave TXA in place for 5 minutes. Aspirate remaining fluid prior to wound closure.

Physician Signature

Date/Time

Wentworth–Douglass Hospital
PHYSICIAN ORDERS
PRE–ADMISSION ORDERS –
Total Joint/Orthopedic Same Day Surgery/AM Admit



PO0020

6225–02MR
Rev. 01/09/18