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| **Location** |
|  |  |  |  |
| [ ]  Boise Surgery  **Fax: 208-381-3060** | [ ]  Boise COU  **Fax: 208-381-3567** | [ ]  Surgery Center Boise  **Fax: 208-381-3209** | [ ]  Surgery Center Meridian  **Fax: 208-706-8102** |
| [ ]  Boise Endo  **Fax: 208-381-2135** | [ ]  Meridian Endo  **Fax: 208-706-5015** | [ ]  Meridian Surgery  **Fax: 208-706-2178** | [ ]  Wood River OR/Endo  **Fax: 208-727-8634** |
| [ ]  OSC – River Street  **Fax: 208-336-1954** |  | [ ]  Magic Valley  **Fax: 208-814-2921** | [ ]  Elmore  **Fax:** **208-580-9808** |
| [ ]  Jerome  **Fax:** **208-324-7301** | [ ]  McCall  **Fax:** **208-634-3818** | [ ]  Nampa  **Fax: 208-205-7486** |  |
| **Patient Name (First, middle initial and last):**   **Date of Birth:**  **Phone Number:**  **Case Number:**  **Date of Surgery:**  **Provider Name:**  **Weight:** kg **Height:** cm **Diagnosis:** [ ]  Interpretation Services; Language: **Allergies:**   |

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| **Enhanced Surgical Pathway (Questions are required)** |
| **Is this an ERAS patient?** |
| [ ]  Yes-This patient will follow a pathway for enhanced recovery after surgery (ERAS). The provider has given ERAS education to the patient.  | [ ]  No |
|  | [ ]  NA-Emergent surgery, no ERAS education provided |
| **Anticipated Discharge – Where do you plan for this patient to be discharged from?**  |
| [ ]  Same Day – Discharge From Floor Same Day – Discharge From Floor  | [ ]  Same Day – Discharge From PACUSame Day – Discharge From PACU |
| [ ]  Post-Op Day 1 | [ ]  Unknown |
| **ERAS Diet Instructions** |
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| [ ]  Ensure Pre-Surgery Drink | [ ]  Regular Sports Drink | [ ]  Reduced Sugar Sports Drink | [ ]  Other: |  | [ ]  Other: |

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| **ERAS Bathing Instructions** |
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| [ ]  Chlorhexidine soap for showering | [ ]  Personal soap for showering |

**Ancillary Referrals (Pre-Admission Testing)** |
| [ ]  PAT Phone Call[ ]  Pre Admission Testing (PAT) Appointment Request [ ]  Ambulatory Referral to Perioperative Medicine (Clinics – please complete Perioperative Medicine Consult Request Form, located at [www.stlukesonline.org/for-providers](http://www.stlukesonline.org/for-providers%20)  > Transferring and Referral) |
| **Pre Admission Testing q N/A** |
| [ ]  CBC | [x]  POCT urine pregnancy (Females age 12-55) |
| [ ]  APTT  | [ ]  MRSA and SA Screen by PCR |
| [ ]  Protime-INR  | [ ]  Type & Screen + ABOCAP if not filed in EHR |
| [ ]  Basic Metabolic Panel | [ ]  XR chest 2 view |
| [ ]  Comprehensive Metabolic Panel  | [ ]  ECG 12 lead (obtain if no ECG results within 30 days) |
| [ ]  Glycohemoglobin A1C | [ ]  ECG 12 lead (obtain if no ECG results within 6 months) |
| [ ]  Hepatic Function Panel | [ ]  COVID-19 Symptomatic [ ]  Priority 1 [ ]  Priority 2 |
| [ ]  Urinalysis w/C&S if indicated | [ ]  COVID-19 Asymptomatic/Pre-procedure Screening [ ]  Priority 1 [ ]  Priority 2 |
| **Admission**  |
|  [ ]  | Admit to Inpatient [ ]  Hospital Outpatient Surgery (no Bed) [ ]  Hospital Outpatient Surgery (with bed) |
| **Telemetry:** [ ]  No Telemetry [ ]  Tele Unit [ ]  Satellite Tele |
| **Patient Name (First, middle initial and last): DOB:**  |
| **Code Status (Pre-Op)**  |
|  [ ]  Full Code | [ ]  Modified code | [ ]  DNR/DNI |
| **Vital Signs (Pre-Op)**  |
|  [x]  Vital Signs - Per Unit Standard |
| **Diet (Pre-Op)**  |
|  [x]  Adult NPO Diet, sips with meds | [ ]  Other:  |
| **Nursing (Pre-Op)**  |
|  [x]  Notify Provider of abnormal labs or diagnostics | [ ]  Insert Indwelling Urinary Catheter, Reason: Pre-Surgery/Pre-Procedure |
|  [ ]  Weigh patient | [ ]  Betadine douche |
|  [ ]  Skin Prep (surgical preparation, hair removal, clippers) |
|  [x]  Verify informed Consent (exact wording for surgery consent):  |
| **Labs (Pre-Op / Day of Surgery)** [ ]  **N/A** |
| [ ]  CBC  | [x]  POCT urine pregnancy (Females age 12-55) |
| [ ]  Type and Screen | [ ]  Urine HCG Screen |
| [ ]  APTT  | [ ]  Urinalysis w/C&S if Indicated |
| [ ]  Protime-INR | [ ]  MRSA and MSSA Screen by PCR |
| [ ]  Basic Metabolic Panel  | [x]  POCT blood glucose (Day of Surgery) |
| [ ]  Comprehensive Metabolic Panel  | [ ]  COVID-19 Symptomatic [ ]  Priority 1 [ ]  Priority 2 |
| [ ]  Other:  | [ ]  COVID-19 Asymptomatic/Pre-procedure Screening [ ]  Priority 1 [ ]  Priority 2 |
| **Blood Bank Tests and Products (Pre-Op)** [ ]  **N/A** |
| [ ]  Type and Screen + ABOCAP if not filed in EHR\*If preparing blood for a planned surgery, a Type and Screen needs to be resulted within 72 hours of product administration |
|[ ]  Prepare RBC (Full Unit) [ ]  1 unit [ ]  2 units[ ]  Adult or Pediatric greater than 40kg [ ]  Pediatric less than 40 kg | [x]  Indications: Surgical Blood Product SupplyRequest for special products: [ ]  CMV Negative [ ]  Irradiated |
|  | Add’l Considerations: [ ] Crossmatched [ ] Uncrossmatch/ Emergent |  Donor source: [x]  Bank Units [ ]  Directed Donor [ ]  Autologous |
| **Imaging (Pre-Op / Day of Surgery)** [ ]  **N/A** |
| [ ]  XR abdomen 2 view with chest 1 view  | [ ]  Other:  |
| **Procedures and Other Tests (Pre-Op)** [ ]  **N/A** |
| [ ]  ECG 12 lead | [ ]  Other:  |
| **DVT/VTE Prophylaxis (pre-Op) Caprini & Universal - (Must select one)** |
|  **Caprini Low (1-4) High (5-+)** |
| ☐ Sequential Compression Device | ☐ No VTE Prophylaxis (Low Risk)- | ☐ No Pharmacological VTE Prophylaxis -Reason for not ordering -  |
| ☐ No Mechanical VTE Prophylaxis- Reason for not ordering-  | ☐ No VTE Prophylaxis Anticoagulation Therapy Already Ordered | ☐ No VTE Prophylaxis-Patient Refused |
| ☐ Consult to Pharmacy- Adjust medications for Renal Function |  |
| **Low / High Risk**  |
| **High Risk:** ☐ Consult to Pharmacy-Other Pediatric prophylactic Enoxaparin dosing | ☐ Heparin 5000 Units SQ, Once 2 hours prior to procedure | ☐ Enoxaparin 40mg SQ, Once, 2 hours prior to procedure |

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| **Patient Name (First, middle initial and last): DOB:**  |
| **Universal** |
| ☐ Sequential Compression Device | ☐ No VTE Prophylaxis (Low Risk)- | ☐ No Pharmacological VTE Prophylaxis -Reason for not ordering -  |
| ☐ No Mechanical VTE Prophylaxis- Reason for No Comment -  | ☐ No VTE Prophylaxis Anticoagulation Therapy Already Ordered | ☐ No VTE Prophylaxis-Patient Refused |
| ☐ Consult to Pharmacy- Adjust medications for Renal Function |  |
| **Moderate/High Risk** |  |
| ☐ Consult to Pharmacy-Other Pediatric prophylactic Enoxaparin dosing | ☐ Heparin 5000 Units SQ, Once | ☐ Heparin 7500 Units SQ, Once (BMI Greater than 50) |
| ☐ Enoxaparin 30mg (BMI Less than 50) SQ, Once | ☐ Enoxaparin 40mg (BMI greater than 50) SQ, Once |  |
| **IV (Pre-Op)** |
| [x]  | Initiate IV protocol – Adult [x]  Local Anesthetics [x]  Sodium Chloride bacteriostatic 0.9% injection 0.1mL  [x]  Lidocaine (PF) (Xylocaine) injection 1% [x]  Norflurane-pentafluoropropane (Pain Ease) topical spray 1 spray  |
| [ ]  | Saline Lock IV [ ]  Insert 2nd peripheral IV [x]  Lactated Ringers 25 mL/hr [ ]  Normal Saline 0.9% Infusion 25 mL/hr |
| **Antibiotics (Pre-Op)** [ ]  **N/A** |
| [ ]  ceFAZolin (ANCEF) IVPB 2 g x 1 dose, within one hour of incision time, over 30 minutes. For patients less than 120 kg.  |
| [ ]  ceFAZolin (ANCEF) IVPB 3 g x 1 dose, within one hour of incision time, over 30 minutes. For patients greater than or equal to 120 kg.  |
| [ ]  ampicillin-sulbactam (UNASYN) IVPB 3 g x 1, 1 hour prior to incision time, over 30 Minutes  |
| [ ]  metronidazole (Flagyl) IVPB 500 mg IV x 1, 1 hr prior to incision time, 1 hr prior to incision time |
| [ ]  cefoTEtan (CEFOTAN) IVPB 2 g x 1 dose, 1 hour prior to incision time, over 30 Minutes  |
| [ ]  cefOXitin (MEFOXIN) IVPB 2 g x 1 dose, 1 hour prior to incision time, over 30 Minutes  |
| [ ]  cefUROXime (ZINACEF) IVPB 1.5 g x 1 dose, 1 hour prior to incision time, over 30 Minutes  |
| [ ]  metronidazole (FLAGYL) 2 g tablet PO Once with a sip of water |
| [ ]  doxycycline monohydrate Tab, 200 mg, Oral, Once, with a sip of water |
| [ ]  Other:   |
| **If Severe Penicillin Allergy** |
| [ ]  clindamycin (CLEOCIN) 900 mg x 1 dose, IV, 1 hour prior to incision time, over 30 Minutes **AND** levofloxacin (LEVAQUIN) 500 mg/100 mL IVPB, 500 mg x 1 dose, IV, 2 hours prior to incision time, over 60 Minutes  |
| [ ]  clindamycin (CLEOCIN) IVPB 900 mg x 1 dose, 1 hour prior to incision time, over 30 Minutes **AND**gentamicin (GARAMYCIN) 80 mg x 1 dose, IV, 1 hour prior to incision time, over 60 Minutes  |
| [ ]  clindamycin (CLEOCIN) IVPB 900 mg x 1 dose, 1 hour prior to incision time, over 30 Minutes **AND**tobramycin IVPB 80 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes  |
| [ ]  clindamycin (CLEOCIN) IVPB 900 mg x 1 dose, 1 hour prior to incision time, over 30 Minutes **AND**ciprofloxacin (CIPRO) 400 mg x 1 dose, IV, 2 hours prior to incision time, over 60 Minutes  |
| [ ]  metronidazole (FLAGYL) IVPB 500 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes **AND**levofloxacin (LEVAQUIN) 500 mg/100 mL IVPB, 500 mg x 1 dose 2 hours prior to incision time, over 60 Minutes  |
| [ ]  metronidazole (FLAGYL) IVPB 500 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes **AND**gentamicin (GARAMYCIN) 80 mg x 1 dose, 1 hour prior to incision time, over 30 minutes  |
| [ ]  metroNIDAZOLE (FLAGYL) IVPB 500 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes **AND**tobramycin IVPB 80 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes  |
| [ ]  metroNIDAZOLE (FLAGYL) IVPB 500 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes **AND**ciprofloxacin (CIPRO) 400 mg x 1 dose, 2 hours prior to incision time, over 60 Minutes  |
| [ ]  vancomycin (VANCOCIN) 1,000 mg x 1 dose, 2 hours prior to incision time, over 90 Minutes **AND**levofloxacin (LEVAQUIN) 500 mg/100 mL IVPB, 500 mg x 1 dose, two hours prior to incision time, over 60 minutes  |
| **Patient Name (First, middle initial and last): DOB:**  |
| [ ]  vancomycin (VANCOCIN) IVPB 1,000 mg x 1 dose, 2 hours prior to incision time, over 90 Minutes **AND**gentamicin (GARAMYCIN) 80 mg x 1 dose, 1 hour prior to incision time  |
| [ ]  vancomycin (VANCOCIN) IVPB 1,000 mg x 1 dose, 2 hours prior to incision time, over 90 Minutes **AND**tobramycin IVPB 80 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes  |
| [ ]  vancomycin (VANCOCIN) IVPB 1,000 mg x 1 dose, 2 hours prior to incision time, over 90 Minutes **AND**ciprofloxacin (CIPRO) 400 mg x 1 dose, 2 hours prior to incision time, over 60 Minutes  |
| **Multimodality Medications – These are multimodality medications to be administered in preop if not already prescribed and taken at home.** |
| [ ]  celebrex (celeBREX) capsule, PO, once prior to surgery ☐ 100 mg ☐ 200 mg |
| [ ]  Ibuprofen (ADVIL,MOTRIN) PO, once prior to surgery ☐ 200 mg ☐ 400 mg ☐ 600 mg ☐ 800 mg |
| [ ]  alvimopan (ENTEREG) PO, once prior to surgery ☐ 12 mg |
| [ ]  acetaminophen (TYLENOL) PO, once prior to surgery ☐ 250 mg ☐ 500 mg ☐ 1000 mg |
| **Other Medications (Pre-Op)** [ ]  **N/A** |
| [ ]  Heparin subcutaneous injection 5,000 units x 1 dose | [ ]  Bupivacaine liposome (PF) 266 mg/ bupivacaine 150 mg 0.9% NaCL 200 mL (TAP BLOCK) Inflitration, Once |
| [ ]  Other: | [ ]  phenazopyrdine (PYRIDIUM) 100 mg, Oral, Once, 1 hr prior to procedure |
| **Anesthesia** [ ]  **N/A** |
| [ ]  Bier Block | [ ]  N/A (No Anesthesia resource involved)  |
| [ ]  Epidural | [ ]  Regional Block |
| [ ]  General | [ ]  SAB |
| [ ]  Local with Conscious Sedation (No Anesthesia Resource involved) | [ ]  TBD by Anesthesia |
| [ ]  Local with NO Sedation (No Anesthesia Resource involved) | [ ]  TIVA |
| [ ]  MAC |
| **Type of Optional Post-Op Analgesia** [ ]  **N/A** Type of Optional Post-op analgesia requested to be completed by an Anesthesia provider. Anesthesia to perform block due to treatment technique beyond the experience of the operating physician.**\*Indicate laterality if appliable** |
| [ ]  Adductor canal [ ]  Right [ ]  Left | [ ]  Bier Block [ ]  Right [ ]  Left  | [ ]  Epidural | [ ]  Fascia Iliaca [ ]  Right [ ]  Left |  |
| [ ]  Femoral [ ]  Right [ ]  Left | [ ]  Interscalene [ ]  Right [ ]  Left | [ ]  Lower extremity [ ]  Right [ ]  Left | [ ]  No Nerve Block  |
| [ ]  Non specified Brachial plexus block [ ]  Right [ ]  Left  | [ ]  Paravertebral [ ]  Right [ ]  Left | [ ]  Peripheral nerve catheter  [ ]  Right [ ]  Left | [ ]  Popliteal [ ]  Right [ ]  Left |
| [ ]  Rectus Sheath [ ]  Right [ ]  Left | [ ]  Saphenous [ ]  Right [ ]  Left | [ ]  Sciatic [ ]  Right [ ]  Left | [ ]  Spinal with Morphine  |
| [ ]  Transverse Abdominis Plane  [ ]  Right [ ]  Left | [ ]  Upper extremity [ ]  Right [ ]  Left  | [ ]  Caudal | Other: [ ]  Right [ ]  Left  |  |
| **Is there a secondary block?** **\*Indicate laterality if applicable**

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| [ ]  Adductor canal [ ]  Right [ ]  Left | [ ]  Bier Block [ ]  Right [ ]  Left  | [ ]  Epidural | [ ]  Fascia Iliaca [ ]  Right [ ]  Left |
| [ ]  Femoral [ ]  Right [ ]  Left | [ ]  Interscalene [ ]  Right [ ]  Left | [ ]  Lower extremity [ ]  Right [ ]  Left | [ ]  No Nerve Block  |
| [ ]  Non specified Brachial plexus block [ ]  Right [ ]  Left  | [ ]  Paravertebral [ ]  Right [ ]  Left | [ ]  Peripheral nerve catheter [ ]  Right [ ]  Left | [ ]  Popliteal [ ]  Right [ ]  Left |
| [ ]  Rectus Sheath [ ]  Right [ ]  Left | [ ]  Saphenous [ ]  Right [ ]  Left | [ ]  Sciatic [ ]  Right [ ]  Left | [ ]  Spinal with Morphine  |
| [ ]  Transverse Abdominis Plane [ ]  Right [ ]  Left | [ ]  Upper extremity [ ]  Right [ ]  Left  | [ ]  Caudal | Other: [ ]  Right [ ]  Left  |

 |
|  **Additional Orders (any medication orders must include medication, dose, route, and phase of care)** [ ]  **N/A** |
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| **PROVIDER SIGNATURE: DATE: TIME:** |