



ROUTINE PRE-OP HIP / KNEE / SHOULDER ARTHROPLASTY ORDERS

Pre-Admission Labs and Diagnostics

Pre-Surgery Diagnosis: _____

Scheduled Procedure: _____

Date of Procedure: _____ Allergies: _____

Precertification #: _____

- No Lab Tests Required
- Anesthesiology Consultation (Patients with Medical or Surgical issues)
- Hgb/Hct Urinalysis CXR
- CBC w/diff Pregnancy Test X-ray Type _____
- PT HBsAg Ultrasound Type _____
- PTT Sickle Cell Screening Type & Screen
- Blood Glucose Amylase T&S (Crossmatch) ___# units PRBCs
- Electrolytes-Na,K+,Cl,CO2 Hepatic Panel T&S (Crossmatch) ___# units autologous Blood
- BMP
- ECG
- MRSA Screening

Blood for pre-transfusion testing must be drawn within 48 hours of surgery. Typed and Screened blood can only be held 48 hours.

Pre-Surgery Orders OPS (Outpatient Surgery) IP (Inpatient)

Vital Signs: Per Protocol Other _____

Diet: NPO NPO after _____ LR at KVO or 100ml/hr 200ml/hr _____ml/hr
 NS at KVO or 100ml/hr 200ml/hr _____ml/hr

Medications:

- Pre-Op Antibiotic: _____
- Bacterial Endocarditis Prophylaxis: _____ Consult Pharmacy/Anesthesia
- Ancef 1GM 2GM IV in OR
- If PCN / B-Lactam Allergy OR Patient at Increased risk for infection**
- Vancomycin 1GM IV to be started within 120 minutes of incision or
- Cleocin 900MG IV to be started within 30 minutes of incision
- Bicitra 30ml po on-call
- Other _____

Preparation:

- Incentive Spirometry Instructions/pre-admit
- Thigh / Knee High TED hose
- Sequential Compression Device in OR

Miscellaneous:

- H&P
- To be done on admit by _____
- Consult obtained from _____

Block to Operative Side

- Peripheral Nerve Block
- Bier
- Interscalene
- Femoral
- Other

Minimum Testing Guidelines (Anesthesia Service): These guidelines are suggested minimums.

They are not replacement for medical judgment, and the patient's medical history and/or the proposed surgical procedure may indicate additional laboratory or diagnostic testing.

No pre-operative laboratory testing is required for asymptomatic patients without significant medical problems who are less than 40 years of age, except for an Hgb/Hct for 0-6 months as per protocol, and except for urine HCG.

ECG: Males, aged 40 and above require an ECG. Males and Females aged 50 and above require ECG

CXR: CXRs are not required in the absence of cardiorespiratory disease. Inpatients with cardiorespiratory disease, a CXR with the past six months is sufficient in the absence of a significant change in status of the cardiorespiratory illness.

Pregnancy Test: A pregnancy test is required for all menstruating females scheduled for anesthesia or surgery, unless not indicated due to sterility. This test will be a serum HCG if blood is drawn for other tests. Otherwise it will be a urine HCG.

Pt Name and DOB