





PREOPERATIVE SPINE SURGERY ORDERS Office (229) 387-8061 Cell (229) 402-9222



Patient Name:		DOB:		_	
Sı	urgery Date:	Precertification #:			
Case Conf #:		Allergies:	Weight:	Weight:	
Pr	re-Surgery Diagnosis:				
Sc	cheduled Procedure:				
IN	IPATIENT OPS				
Pr	eadmission Testing Orders:				
1.	DCBC ☐ PT, PTT ☐ H&H ☐ BMP ☐ CMP ☐ MRSA Screening ☐ HIV ☐ UA ☐ HEPATITUS SCREEN ☐ HCG ☐ HgA1C ☐ PREGNANCY TEST ☐ TYPE & SCREEN ☐ OTHER:				
2.	ADDITIONAL LABS AS NEED	ED PER ANESTHESIA			
3.	EKG:	Per Anesthesia Protocol			
4.	CHEST XRAY	Per Anesthesia Protoco	ol		
5.	☐ STANDING LUMBAR XRAY (AP, LATERAL, SPOT) ☐ UPRIGHT CERVICAL XRAY (AP, LATERAL, ODONTOID)				
6.	Fleet enema evening before s	urgery YES NO			
7.	Verify operative consent for pr	ocedure.			
8.	OPERATIVE SITE: CHEST	ive area the night before surgery for 1 BACK ABDOMEN NECK H LEFT ANTERIOR POSTERIOR	-		



PREOPERATIVE SPINE SURGERY ORDERS

PREOP ORDERS FOR DAY OF SURGERY

. Admit to AMBULATORY SURGERY UNIT			
. VERIFY NPO 8 HOURS PRIOR TO SURGERY			
·			
. Cross match units of	blood.		
. Train patient to use Incentive Spirometer for postop use.			
Routine preop prep to surgical site per hospital protocol.			
Knee high TED stockings on prior to surgery.			
. SCD's			
. No Hypo's (injections) in either hip			
0. No IV access in wrist or hand on Cervical surgeries.			
1. Ancef on call to OR (Pharmacy to dose per weight, sta 2gm IVPB x 1 for pt weight < 120kg 3gm IVPB x 1 for pt weight > 120kg	art 60 minutes of incision)		
f Allergy to PCN/Beta – Lactam			
☐ Vancomycin on call to OR (Pharmacy to dose per weight	ght, start 120 minutes of incision) Pharmacy to renal dose		
Vancomycin 1gm IVPB x 1 for pt weight < 70 KG Vancomycin 15mg/kg IVPB x 1 for pt weight > 7	70 KG (Maximum dose 2 Grams IVPB)		
OR			
☐ Cleocin 900mg IVPB x 1 on call to OR (Start 30 min of in	cision)		
 Gabapentin 300 mg PO (on call to OR) Acetaminophen (Ofirmev) 1000 mg IVPB (on call to OF Ibuprofen (Caldolor) 800 mg IVPB (on call to OF Ketorolac (Toradol) 30 mg IVP x 1 (on-call to OF IVP) 	(
□ Nozin 1 preop application of 2 ampules – swab ∈ Nostril with each ampule within 1 hour prior to s			
OT/PT ConsultCare Management Consult			
Physician Signature	Date/Time		