

Do Not Use Abbreviations: U (for Unit), IU for International unit), Q.D., Q.O.D., Trailing Zero (X.0 mg) MS, MSO4 MgSO4

PRE-OPERATIVE ORDERS

- Status: Admit to Inpatient Status (I certify that inpatient services are needed)
 Place Patient in Outpatient Status
 Place Patient in Outpatient Status and begin Observation Services

Admit to the service of:

PATIENT NAME (LAST):	FIRST NAME	DATE OF BIRTH:
DIAGNOSIS:		ANESTHESIA TYPE:
PROCEDURE CONSENT TO STATE:		

DATE OF SURGERY/PROCEDURE	PHYSICIAN:	PRIMARY PHYSICIAN:	CPT CODES:
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ALLERGIE(S)

Type of Reaction(s):

Patient Weight: _____ kg

IV fluids:

- Lactated Ringers @ 30 mL/hr on arrival to Preop
 0.9% Sodium Chloride @ 30 mL/hr on arrival to Preop

Preop antibiotics:

- Cefazolin 1 gm IV for patient weight < 60 kg, infuse within 60 minutes prior to surgery
 Cefazolin 2 gm IV for patient weight 60-120 kg, infuse within 60 minutes prior to surgery
 Cefazolin 3 gm IV for patient weight > 120 kg, infuse within 60 minutes prior to surgery

If beta-lactam allergy or has a history or risk for MRSA, instead of cefazolin, give

- Vancomycin 750 mg for patient weight < 50 kg IV over 60 minutes, infuse within 120 minutes prior to surgery
 Vancomycin 1 gm for patient weight 50 - 100 kg IV over 60 minutes, infuse within 120 minutes prior to surgery
 Vancomycin 1.5 gm for patient weight > 100 kg IV over 90 minutes, infuse within 120 minutes prior to surgery

If beta-lactam and vancomycin intolerant, give clindamycin instead of cefazolin or vancomycin:

- Clindamycin 900 mg IV over 30 minutes, start 60 minutes prior to surgery

Cardiac or Vascular Surgery:

- Cefazolin dose as above x 1 preop
 Vancomycin dose as above x 1 preop
 Clindamycin dose as above x 1 preop

Intra-abdominal Surgery:

- Cefazolin, dose as above and metronidazole 500 mg IV x 1 dose each preop
 Levofloxacin 500 mg IV and metronidazole 500 mg IV x 1 dose each preop

Gynecologic Surgery:

- Cefazolin, dose as above x 1 preop
 Clindamycin, dose as above x 1 preop
 Vancomycin, dose as above x 1 preop

Other medication order:

Other Medications:

- Metronidazole 500 mg IV x 1 preop
 Celecoxib 200 mg PO x 1 preop
 Celecoxib 400 mg PO x 1 preop
 Dexamethasone 8 mg IV x 1 preop
 Acetaminophen 975 mg PO x 1 preop
 Gabapentin 600 mg PO x 1 preop
 Metoclopramide 10 mg IV x 1 preop
 Colon surgery only: Entereg 12 mg PO x 1 preop

Physician Signature: _____ Date/Time: ____ / ____ / ____ at: _____

PRE OPERATIVE ORDERS



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5301 South Congress Avenue
Atlantis, FL 33462

Patient Identification/Label

PRE-OPERATIVE ORDERS

EKG Done at: JFK PCP **Must Be Legible Copy**

Labs Done at: JFK
 Outside Testing

Please use Anesthesia Guidelines to determine testing.

- A1C
- CBC CBC w/Differential
- Chem 7 PT, PTT & INR
- Chem 25 Liver Profile
- Sickle Cell BHCG < 55 yrs.
- Urinalysis CEA
- Urine Culture & Sensitivity
- Type & Screen
- MRSA/MSSA Screening
- Type & Cross X _____ units

PTH Analyzer:

- Hematology Testing
- Nuclear Medicine Injection

Other Labs: _____

- Anti Embolic Hose
- Sequential Compression Device(s)
- Case Management to Arrange:

- Incentive Spirometer

Medical Pre Op Evaluation: Phone: _____
 No Yes Dr.:

Cardiac Pre Op Evaluation: Phone: _____
 No Yes Dr.:

Other Pre Op Evaluation (Type): Phone: _____
 No Yes Dr.:

Patient From Nursing Home/Extended Care Facility? No Yes
 Phone: _____

Name: _____

NPO AFTER MIDNIGHT, DATE: _____

- Chest X-Ray**
 JFK Outside testing

KUB day of procedure: _____

Breast: _____

MRI: _____

CT: _____

Obtain Test Results:

- MRA VEIN MAPPING OTHER _____

DONE AT: _____

Other: _____

PERSON COMPLETING FORM:

NAME (PLEASE PRINT):

DATE: TIME:

PHYSICIAN'S SIGNATURE:

PHYSICIAN'S NAME (PLEASE PRINT):

DATE: TIME:

PRE OPERATIVE ORDERS



Patient Identification/Label