UM Upper Chesapeake Health
Preoperative Day of Surgery (DOS) Orders

Patient Name: _____

Patient DOB: _____

Use of this order set is Mandatory for ALL non-emergent Surgeries
(Exceptions: Urology -use Urology Preop DOS order set; Ortho -use Ortho Preop DOS order set)

☐ = Prescriber's option *must* check off to order. ☑ = *automatically* initiated unless crossed out

Scheduled Surgery Date: _____ **Anticipated Surgery Time:** _____

Hospital: ☐**HMH** ☐**UCMC**

Anticipated Patient Status: ☐**OP, Standard** Recovery < 2 hrs ☐**OP, Extended** Recovery ≥ 2hrs/OP Requiring Bed
☐ Admit as **Inpatient** ☐Unsched Postop from ED- Admit ☐Unsched Postop from ED-OBS

Ht: _____ **Wt:** _____**kg** (only list weight in kg)

ALLERGIES: *Refer* to the Meditech Allergy screen for complete, authenticated list prior to administering any drugs)

PREOPERATIVE SURGICAL SITE SKIN PREPARATION, per Protocol: ☑ Inpatients must receive CHG bath/shower on the evening prior to surgical procedure. This process shall be repeated in AM on day of surgery.
☑ Patients greater than 2 months of age shall receive a CHG cloth to the surgical site area completed in Preoperative area.
☑ Emergency Department patients awaiting surgical consults shall receive CHG cloths to surgical site per protocol.

PEDIATRIC ORDERS** SECTION (Patients age 17 or less AND less than 50 kg)

☑ **Place siderail pads on stretcher in preop area**

☐midazolam (Versed) 0.5 mg/kg equals _____mg PO times one, 20 min prior to OR (max dose: 20 mg; if greater than 20 mg, dose MUST be given by the Anesthesia provider)

☐midazolam (Versed) _____mg/kg equals _____mg PO times one, 20 min prior to OR (doses greater than 1 mg/kg require continuous pulse ox monitoring)

Pediatric Ofirmev Restrictions: NPO & NPR & (either unable to receive NSAIDS or has true allergy to opioids); fever >39.4C(103F

☐acetaminophen (Ofirmev) 15 mg/kg equals _____mg IV times 1 dose, prior to OR (max 750 mg/dose) (if age2-12 or less than 50 kg)

☐acetaminophen (Ofirmev) 1000 mg IV times 1 dose, prior to OR (max: 1000 mg/dose) (if age 13 or older AND 50 kg or greater; if age 13 or older AND less than 50 kg, use the age 2-12 dose)

☐Other **PEDIATRIC** orders: (**med doses MUST be written in mg/kg format**): _____

DOS Labs: ☐BMP ☐CBC ☐H&H ☐PT/INR ☐Type & Screen ☐Type & Crossmatch X ____units
☐Urine HCG (Qual) ☐Other lab:_____

IVF: ☑ Start IV 30 mL/hr preoperatively, per Anesthesia, with: ☐ LR ☐ NS ☐ 0.45NS

Therapy Orders:
Preop DOS Consultation: ☐ PT (gait training/LE) ☐ OT (ADL's/UE)

☐ Insert **urinary catheter** (to be placed intraoperatively); Reason for insertion: _____

☐ Graduated Compression Stockings (TEDS), for compression purposes: ☐ Knee-high ☐ Thigh-high
Limb(s): ☐ Bilateral ☐ Right only ☐ Left only

ADULT Medication Orders: (antibiotics on page 3)

☐ albuterol unit dose 2.5 mg in 3 mL via Nebulizer times 1 dose

☐ celecoxib (Celebrex) 400 mg PO times 1, PRIOR to OR with sip of water

☐ acetaminophen (Tylenol) 975 mg PO times 1, PRIOR to OR with sip of water

☐ pregabalin (Lyrica) 75 mg PO times 1, PRIOR to OR with sip of water

☐ Other **Adult** orders: _____

_____

Authorized Prescriber Signature_____ Date_____Time _____

UM Upper Chesapeake Health
Preoperative Day of Surgery Orders

Patient Name: _____

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Intervention: VTE Prophylaxis

Criteria: VTE prophylaxis should be ordered & administered within 24 hours pre/post-surgery

VTE Prophylaxis:

Mechanical: Size: ☐ Knee-high ☐ Thigh-high Limb(s): ☐ Bilateral ☐ Right only ☐ Left only

☐Sequential Compression Devices (SCD's), to be placed intraoperatively

☑ Bariatric surgery patients: SCD's, knee-hi, bilateral, to be placed in preop area

Pharmacologic: *(To be administered by anesthesiologist)*

☐ heparin 5000 units SQ injection times 1 dose prior to incision

(Indicated if BMI greater than 35, as appropriate for surgical procedure)

Intervention: Beta Blocker

Criteria: Patients on beta blockers should receive beta blocker during perioperative period

Preoperative Beta Blocker Therapy: ***Recommended ONLY for patients already taking beta blockers***

****REVIEW HOME MEDICATION RECONCILIATION PRIOR TO ORDERING BETA BLOCKER THERAPY****

☑ If patient was on beta blocker prior to Admission and AM dose has not been administered, contact Anesthesia provider STAT for preop order, as appropriate

Intervention: Preoperative Antibiotic ---- ***ADULT** patients only***

Criteria: ☑ **GIVE PREOP ANTIBIOTIC TIMES 1 DOSE, WITHIN 0-60 MIN OF INCISION, EXCEPT VANCO.**

☑ **BEGIN PREOP VANCOMYCIN WITHIN 90 MIN PRIOR TO EXPECTED INCISION TIME**

Criteria: **Vancomycin** orders must include appropriate criteria for use. Order in Vancomycin Section of table

Criteria: Prophylactic antibiotic must meet recommendations appropriate to surgical procedure

(NOTE: Anesthesia Provider will administer all antibiotics except vancomycin which will be initiated by the nurse)

Reference: Bratzler DW, Patchen-Dellinger, E., et al. (2013, Feb). **ASHP Report: Clinical practice guidelines for antimicrobial prophylaxis in surgery**. *AM J Health –Syst Pharm. 70*, 195-283.

(Find antibiotic orders on next page)

Authorized Prescriber Signature_____ Date_____Time _____

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Patient Name: _____

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SURGICAL SPECIALTY	ANTIBIOTIC ORDERS	Alt, if BETA LACTAM ALLERGY
Breast Surgery **Cardiac** (Pacemaker, AICD Insertion) **Head and Neck** (Clean Contaminated Cases or Clean Cases with Implant, Not T-Tubes) **Hernia Repair** **Neuro and Spinal Surgery** **Podiatry** (with Implant) **Plastic Surgery** (with Implant, Skin Irradiation Prior to Surgery or Below Waist Procedures) **Thoracic**(Lung Resection, VAT Surgery) **Vascular**	(Select appropriate weight based dose) ☐ CeFAZolin **2 gm** IV times 1 dose preop (less than 120 kg) -or- ☐ CeFAZolin **3 gm** IV times 1 dose preop (120 kg or greater)	☐ Clindamycin 900 mg IV times 1 dose preop
Bariatric Surgery **Gastroduodenal and Biliary** (excluding Laparoscopic, Elective, Low Risk) **Gynecological** (including Pubovaginal Sling, Hysterectomy, Cesarean Section)	(Select appropriate weight based dose) ☐ CeFAZolin **2 gm** IV times 1 dose preop (less than 120 kg) -or- ☐ CeFAZolin **3 gm** IV times 1 dose preop (120 kg or greater)	Dual Regimen:Select Option 1 or Option 2 ☐ **Option 1**: (Select if CrCl 40mL/min or greater) **Clindamycin** 900 mg IV times 1 dose preop **PLUS** **Gentamicin** IV times 1 dose preop, using IBW or Adjusted Weight for dosing 200 mg → 60 kg or less 300 mg → 61-79 kg 400 mg → 80 kg or more ☐ **Option 2**: (Select if CrCl is LESS THAN 40 mL/min): **Clindamycin** 900 mg IV times 1 dose preop **PLUS** **Aztreonam** 2 gm IV times 1 dose preop
Small Intestinal **Colorectal** **Appendectomy** (for Uncomplicated Appendicitis)	Dual regimen: (Select appropriate weight based dose) ☐ CeFAZolin **2 gm** IV times 1 dose preop (less than 120 kg) ***---AND---*** metronidazole (Flagyl) 500 mg IV times 1 dose preop ☐ CeFAZolin **3 gm** IV times 1 dose preop (120 kg or greater) ***---AND---*** metronidazole (Flagyl) 500 mg IV times 1 dose preop	Dual Regimen:Select Option 1 or Option 2 ☐ **Option 1**: (Select if CrCl 40mL/min or greater) **Metronidazole** 500 mg IV times 1 dose preop **PLUS** **Gentamicin** IV times 1 dose preop, using IBW or Adjusted Weight for dosing 200 mg → 60 kg or less 300 mg → 61-79 kg 400 mg → 80 kg or more ☐ **Option 2**: (Select if CrCl is LESS THAN 40 mL/min): **Clindamycin** 900 mg IV times 1 dose preop **PLUS** **Aztreonam** 2 gm IV times 1 dose preop
Vancomycin Criteria For Use & Orders (Infuse over 120 min): **Vancomycin IV** ☐ **1 gm** or ☐ **1.5 gm** (80 kg or greater) **times 1 dose preop** Reason: ☑ Surgical Prophylaxis (with Allergy to BOTH Beta-lactam AND Clindamycin) ☐ **MRSA**, Known or Suspected ☐ Chronic wound care or dialysis		**Antibiotic Guidelines for Vancomycin** Based upon operative site environment: **IF Gram Positive only**: Substitute abx to Vanco only If Gram Negative or a mix: ADD Vanco to suggested abx regimen

Authorized Prescriber Signature_____ **Date**_____**Time** _____