

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

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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

Sequential Compression Devices (SCD's), knee-hi, bilateral, to be placed intraoperatively if ages 10-17 yrs and surgical procedure greater than or equal to 60 min, unless contraindicated

Pediatric Medication Orders:

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 age 2-12 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

(See VTE Prophylaxis section for SCD orders for Adult patients)

Authorized Prescriber Signature _____ Date _____ Time _____

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Patient Name: _____

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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: _____

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) <input type="checkbox"/> CeFAZolin 2 gm IV times 1 dose preop (less than 120 kg) -or- <input type="checkbox"/> CeFAZolin 3 gm IV times 1 dose preop (120 kg or greater)	<input type="checkbox"/> 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) <input type="checkbox"/> CeFAZolin 2 gm IV times 1 dose preop (less than 120 kg) -or- <input type="checkbox"/> CeFAZolin 3 gm IV times 1 dose preop (120 kg or greater)	Dual Regimen: Select Option 1 or Option 2 <input type="checkbox"/> 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 <input type="checkbox"/> 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) <input type="checkbox"/> CeFAZolin 2 gm IV times 1 dose preop (less than 120 kg) ---AND--- metronidazole (Flagyl) 500 mg IV times 1 dose preop <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 1 gm or <input type="checkbox"/> 1.5 gm (80 kg or greater) times 1 dose preop Reason: <input checked="" type="checkbox"/> Surgical Prophylaxis (with Allergy to BOTH Beta-lactam AND Clindamycin) <input type="checkbox"/> MRSA, Known or Suspected <input type="checkbox"/> Chronic wound care or dialysis	Antibiotic Guidelines for Vancomycin Based upon operative site environment: IF Gram Positive only: <u>Substitute</u> abx to Vanco only If Gram Negative or a mix: <u>ADD</u> Vanco to suggested abx regimen	

Authorized Prescriber Signature _____

Date _____ Time _____