

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

Pg 1 of 3

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 (Patients age 17 or less AND less than 50 kg) Place siderail pads on stretcher in preop area

midazolam (Versed®) 0.5mg/kg equals _____mg PO times one, 20 min prior to OR (max dose: 20mg; if greater than 20mg, 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 1mg/kg require continuous pulse ox monitoring)

acetaminophen (Ofirmev) 15 mg/kg equals _____mg IV times 1 dose, prior to OR(max 750mg/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 50kg 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

oxyCODONE SR (OxyContin) 10 mg PO times 1, PRIOR to OR with sip of water (Anesthesia clearance MUST be obtained first)
(Use with caution if age 65 or greater or CrCl less than 50)

Surgical Site Catheters

On-Q® Pump bupivacaine 0.5% 0.25%

Total Volume: 400 mL _____mL Single lumen Dual lumen

(Pharmacy to fill cartridge; Surgeon to connect to patient prior to leaving OR)

Other Adult orders: _____

Authorized Prescriber Signature _____ Date _____ Time _____

UM Upper Chesapeake Health Preoperative Day of Surgery Orders

Pg 2 of 3

Patient Name: _____

Patient DOB: _____

This order is restricted to Intestinal Surgery Only:

- alvimopan (Entereg) 12 mg PO (30 min to 5 hours) PREOP (Prescriber MUST complete Entereg Checklist)

ENTEREG Checklist (prescriber to check each box acknowledging each requirement)

- Indication/restriction: partial large or small bowel resection (open) surgery with primary anastomosis (not approved by P&T and MEC for laparoscopic procedures)
Procedure performed: _____
- Patient has **NOT** been on long-term or intermittent opioid pain therapy (ie. patient has NOT taken therapeutic doses of opioids for more than 7 consecutive days), including any use of opioids in the week prior to receiving Entereg
*Recent opioid use may make patients more susceptible to GI side effects (ie. Abdominal pain, nausea, vomiting, diarrhea)
- NO** severe hepatic impairment (not recommended)
- NO** end stage renal failure (not recommended)
- Dosing Regimen (this is NOT a medication order): **First dose alvimopan 12mg PO 30 minutes to 5 hours PRE-OP**, followed by 12 mg BID beginning the day after surgery for a maximum of 7 days or until discharge. **Max: 15 doses total.**
- If first dose preop is missed, patient should **NOT** get subsequent doses post-op.
 - Hard-gelatin capsules should be swallowed whole (do NOT give via NGT)

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 _____

38NPREOP 01/16

UM Upper Chesapeake Health Preoperative Day of Surgery Orders

Pg 3 of 3

Patient Name: _____

Patient DOB: _____

SURGICAL SPECIALTY	ANTIBIOTIC ORDERS	Alt, if BETA LACTAM ALLERGY
BREAST SURGERY CARDIAC (PACEMAKER, AICD INSERTION) HEAD AND NECK (CLEAN CONTAM CASES OR CLEAN CASES WITH IMPLANT, NOT T-TUBES) HERNIA REPAIR NEURO & SPINAL SURGERY PODIATRY (WITH IMPLANT) PLASTIC SURGERY (WITH IMPLANT, SKIN IRRADIATION PRIOR TO SURGERY OR BELOW WAIST PROCEDURES) THORACIC (LUNG RESECTION, VAT SURG)) VASCULAR	<input type="checkbox"/> CeFAZolin IV 2 gm times 1 dose preop	<input type="checkbox"/> Clindamycin 900 mg IV times 1 dose preop
BARIATRIC SURGERY GASTRODUODENAL & BILIARY (excluding laparoscopic, elective, low-risk) GYNECOLOGICAL (including Pubovaginal Sling, Hysterectomy, Cesarean Section)	<input type="checkbox"/> CeFAZolin 2 gm 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): Clindamycin 900mg IV times 1 dose preop PLUS Gentamicin IV times 1 dose preop, using IBW or Adjusted weight for dosing 200mg → 60kg or less 300mg → 61-79kg 400mg → 80kg or more <input type="checkbox"/> Option 2: (Select if CrCl is LESS THAN 40mL/min): Clindamycin 900mg IV times 1 dose preop PLUS Aztreonam 2 gm IV times 1 dose preop
SMALL INTESTINAL COLORECTAL APPENDECTOMY (FOR UNCOMPLICATED APPENDICITIS)	<input type="checkbox"/> CefoTEtan 2 gm 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 500mg IV times 1 dose preop PLUS Gentamicin IV times 1 dose preop, using IBW or Adjusted weight for dosing 200mg → 60kg or less 300mg → 61-79kg 400mg → 80kg or more <input type="checkbox"/> Option 2: (Select if CrCl is LESS THAN 40mL/min): Clindamycin 900mg 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**

- If ordered, MUST provide Reason: Allergy to BOTH **Beta-lactam AND** clindamycin
 MRSA, Known or Suspected Acute IP or SNF hospitalization last 12 month
 Increased MRSA, either facility-wide or operation-specific
 Chronic wound care or dialysis Transfer from another inpt hospital after 3-day stay

Abx Guidelines for Vanco:

Based upon oper site environ.-
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 _____