



PRE-OP ORDERS

- 1) Name: _____ Date of Birth: _____
- 2) Date of surgery: _____
- 3) Location of surgery: SCMC _____
- 4) Dx: _____

- 5) Photo and video consent:
- 6) Observation consent for Physicians Reps Others _____
- 7) Surgical consent for: _____

- 8) Consent for release of implant / tissue (hardware)
- 9) Duration of case: _____ Hours _____ Minutes

- 10) Tests:

<input type="checkbox"/> EKG	<input type="checkbox"/> CBC	<input type="checkbox"/> PT
<input type="checkbox"/> Chest X-Ray	<input type="checkbox"/> UA	<input type="checkbox"/> PTT
<input type="checkbox"/> Pulmonary Function Screen	<input type="checkbox"/> SMA-7	<input type="checkbox"/> Bleed.Time/Equivalent
<input type="checkbox"/> Other _____	<input type="checkbox"/> Electrolytes	<input type="checkbox"/> Urine Pregnancy Test

- 11) Start IV
 - Extension set
 - 1000 D 5 ½ N.S. @ _____ ML/hr
 - 1000 RL @ _____ ML/hr
 - Check with Anesthesia for any other orders
 - Other _____

- 12) Local Anesthesia Spinal Anesthesia
- Monitored Anesthesia Epidural Anesthesia
- General Anesthesia

- 13) Ted Hose
- 14) Sequential / Pneumatic Stockings
- 15) Shave surgical site at prior to surgery
- 16) Shower with Hibiclens the night before surgery
- 17) Start antibiotics as directed by physician
- 18) Bowel Prep per protocol handout given to patient
- 19) Ancef 2gm IVPB on call to O.R.
- 20) Levaquin 500mg IVPB on call to O.R.
- 21) Heparin 5,000 units SQ on call to O.R.
- 22) Lovenox 40mg SQ on call to O.R.
- 23) Other pre-op orders _____
- 24) Other pre-op orders _____

Nurses Signature: _____ **Date:** _____
M.D. Signature: _____ **Time:** _____

Red M. Alinsod, M.D.