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| **Location** | | | |
| Boise Surgery   **Fax: 208-381-3060** | Boise COU   **Fax: 208-381-3567** | Surgery Center Boise   **Fax: 208-381-3209** | Surgery Center Meridian   **Fax: 208-706-8102** |
| Boise Endo   **Fax: 208-381-2135** | Meridian Endo   **Fax: 208-706-5015** | Meridian Surgery   **Fax: 208-706-2178** | Wood River OR/Endo   **Fax: 208-727-8634** |
| OSC – River Street   **Fax: 208-336-1954** |  | Magic Valley   **Fax: 208-814-2921** | Elmore   **Fax:** **208-580-9808** |
| Jerome   **Fax:** **208-324-7301** | McCall   **Fax:** **208-634-3818** | Nampa   **Fax: 208-205-7486** |  |
| **Patient Name (First, middle initial and last):**   **Date of Birth:**  **Phone Number:**  **Case Number:**  **Date of Surgery:**  **Provider Name:**  **Weight:** kg **Height:** cm **Diagnosis:**  Interpretation Services; Language:  **Allergies:** | | | |

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| **Enhanced Surgical Pathway (Questions are required)** | | | | | | | |
| **Is this an ERAS patient?** | | | | | | | |
| Yes-This patient will follow a pathway for enhanced recovery after surgery (ERAS). The provider has given ERAS education to the patient. | | | | | No | | |
| NA-Emergent surgery, no ERAS education provided | | |
| **Anticipated Discharge – Where do you plan for this patient to be discharged from?** | | | | | | | |
| Same Day – Discharge From Floor | | | | | Same Day – Discharge From PACU | | |
| Post-Op Day 1 | | | | | Unknown | | |
| **ERAS Diet Instructions** | | | | | | | |
| Ensure Pre-Surgery Drink | | | | Regular Sports Drink | | Reduced Sugar Sports Drink | Other: |
| **ERAS Bathing Instructions** | | | | | | | |
| |  |  | | --- | --- | | Chlorhexidine soap for showering | Personal soap for showering | | | | | | | | |
| **Ancillary Referrals (Pre-Admission Testing** | | | | | | | |
| ​​☐​ PAT Phone Call  ​​☐​ Ambulatory Referral to Pre-Admission Testing Clinic  ​​☐​ Ambulatory Referral to Perioperative Medicine (Clinics – please complete Perioperative Medicine Consult Request Form, located at [www.stlukesonline.org/for-providers](http://www.stlukesonline.org/for-providers%20)  > Transferring and Referral) | | | | | | | |
| **Preadmission Testing  N/A** | | | | | | | |
| CBC | | | | | POCT Urine Pregnancy (Females age 12-55) | | |
| APTT | | | | | MRSA and SA Screen by PCR | | |
| Protime-INR | | | | | Type & Screen + ABOCAP if not filed in EHR | | |
| Basic Metabolic Panel | | | | | XR chest 2 view | | |
| Comprehensive Metabolic Panel | | | | | ECG 12 lead (obtain if no ECG results within 30 days) | | |
| Glycohemoglobin A1C | | | | | ECG 12 lead (obtain if no ECG results within 6 months) | | |
| Hepatic Function Panel | | | | | COVID-19 Symptomatic  Priority 1  Priority 2 | | |
| Urinalysis w/C&S if indicated | | | | | COVID-19 Asymptomatic/Pre-procedure Screening  Priority 1  Priority 2 | | |
| Other: | | | | | | | |
| **Admission (Pre-Op)** | | | | | | | |
| Admit to Inpatient  Hospital Outpatient Surgery or Procedure (no bed)  Hospital Outpatient Surgery or Procedure (with bed) | | | | | | | |
| **Telemetry:**  No Telemetry  Tele Unit  Satellite Tele | | | | | | | |
| **Patient Name (First, middle initial and last): DOB:** | | | | | | | |
| **Code Status (Pre-Op)** | | | | | | | |
| |  |  |  | | --- | --- | --- | | Full Code | Modified code | DNR/DNI | | | | | | | | |
| **Diet (Pre-Op)** | | | | | | | |
| Adult NPO Diet, sips with meds | | | | | Other: | | |
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| **Nursing (Pre-Op)** | | | | | | | |
| Sequential compression device  Calf  Thigh | | | | | Continuous Bladder Irrigation Panel | | |
| Clip and Prep Surgical Site | | | | | Manual Bladder Irrigation Panel | | |
| Verify Informed Consent (exact wording for surgery consent): | | | | | | | |
| **Labs (Pre-Op / Day of Surgery)  N/A** | | | | | | | |
| CBC | | | Comprehensive Metabolic Panel | | MRSA and SA Screen by PCR nasal only | | |
|  | | | Glycohemoglobin A1C | | POCT blood glucose (Day of Surgery) | | |  |
| Protime-INR | | | Urine HCG Screen | | POCT urine pregnancy (Females age 12-55) | | |
| Basic Metabolic Panel | | | Urinalysis w/C&S if Indicated | | COVID-19 Symptomatic  Priority 1  Priority 2 | | |
| Other: | | | | | COVID-19 Asymptomatic/Pre-procedure Screening  Priority 1  Priority 2 | | |
| **Blood Bank Tests and Products (Pre-Op)** | | | | | | | |
| Type and Screen + ABOCAP if not filed in EHR  \*If preparing blood for a planned surgery, a Type and Screen needs to be resulted within 72 hours of product administration\* | | | | | | | |
|  | Prepare RBC (Full Unit)  1 unit  2 units  Adult or Pediatric greater than 40 kg  Pediatric less than 40 kg | | | | Indications: Surgical Blood Product Supply  Request for special products:  CMV Negative  Irradiated | | |
|  | Add’l Considerations:  Crossmatch  Emergent/Uncrossmatched | | | | Donor source:  Bank Units  Directed Donor  Autologous | | |
| **Imaging (Pre-Op / Day of Surgery)  N/A** | | | | | | | |
|  | XR chest 2 view | | | | Other: | | |
| **Procedures and Other Tests (Pre-Op)  N/A** | | | | | | | |
|  | | ECG 12 lead (obtain if no ECG results within 30 days) | | | ECG 12 lead (obtain if no ECG results within 6 months) | | |
|  | | Other: | | | | | |
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| **Patient Name (First, middle initial and last): DOB:** | | | | | | |
| **IV (Pre-Op)** | | | | | | |
| Initiate IV protocol - Adult | | | | lactated ringers infusion at 25 mL/hr | | |
| Local Anesthetics  Sodium Chloride bacteriostatic 0.9% injection 0.1mL  Norflurane-pentafluoropropane (Pain Ease) topical spray 1 spray | | | | sodium chloride 0.9% infusion at 25 mL/hr | | |
|  | | | | Insert 2nd peripheral IV | | |
| **Antibiotics (Pre-Op)  N/A** | | | | | | |
| ampicillin (OMNIPEN) IV 2 g, Once, 1 hour prior to incision time | | | | gentamicin (GARMYCIN) 5 mg/kg, IV, Once, administer over 60 minutes within one hour prior to incision time | | |
| cefoTEtan (CEFOTAN) IVPB 2 g, IV, Once, one hour prior to incision time | | | | levofloxacin (LEVAQUIN) 500 mg/100mL IVPB ,500 mg, IV Once, Administer within one hour prior to incision time. | | |
| ceFAZolin (ANCEF) IVPB 2 g, IV, Once,1 hour prior to incision time | | | | vancomycin (VANCOCIN) IVPB 15 mg/kg, IV, Once,1 hour prior to incision time | | |
| ceFAZolin (ANCEF) IVPB 3 g, IV Once,1 hour prior to incision time | | | |  | | |
| clindamycin (CLEOCIN) IVPB 600 mg IV, Once,1 hour prior to incision time | | | |  | | |
| ciprofloxacin (CIPRO) IVP premix, 400 mg, IV, Once,1 hour prior to incision time | | | | Other: | | |
| **Multimodality Medications – These are multimodality medications to be administered in preop if not already prescribed and taken at home.** | | | | | | |
| celebrex (celeBREX) capsule, PO, once prior to surgery ☐ 100 mg ☐ 200 mg | | | | | | |
| Ibuprofen (ADVIL, MOTRIN) PO, once prior to surgery ☐ 200 mg ☐ 400 mg ☐ 600 mg ☐ 800 mg | | | | | | |
| alvimopan (ENTEREG) PO, once prior to surgery ☐ 12 mg | | | | | | |
| acetaminophen (TYLENOL) PO, once prior to surgery ☐ 250 mg ☐ 500 mg ☐ 1000 mg | | | | | | |
| **Other Medications - Urinary** | | | | | | |
| phenazopyridine (PYRIDIUM) tablet, 100 mg, PO, 1 hour prior to procedure  mitomycin (MUTAMYCIN) chemo bladder installation. 40mg, IntraVESICAL, Once, For intravesical infusion once to be administered intraoperatively: order pre-op to have available. Follow chemotherapy precautions, Preoperative.  gemcitabine (GEMZAR) chemo bladder instillation. IntraVESICAL, Once, For intravesical infusion once to be administered intraoperatively; order pre-op to have available. Follow chemotherapy precautions, Preoperative.  opium-balladonna (B&O #16A SUPPRETTES) 16.2-60 MG suppository. 1 suppository, Rectal, Once, To be administered intraoperatively; order pre-op so available, Preoperative  onabotulinumtoxinA (BOTOX) injection. 100 Units, IntraDETRUSOR, Once, Provider to administer, Preoperative | | | | | | |
| **Anticoagulants (Pre-Op)  N/A** | | | | | | |
| Heparin subcutaneous injection 5,000 units x 1 dose | | | | Heparin subcutaneous injection 7,500 units x 1 dose | | |
| Enoxaparin (Lovenox) subcutaneous injection 30 mg x 1 dose | | | | Enoxaparin (Lovenox) subcutaneous injection 40 mg x 1 dose | | |
| **Patient Name (First, middle initial and last):** | | | | |  | |
| **Anesthesia  N/A** | | | | | | |
| Bier Block | | | | N/A (No Anesthesia resource involved) | | |
| Epidural | | | | Regional Block | | |
| General | | | | SAB | | |
| Local with Conscious Sedation (No Anesthesia Resource involved) | | | | TBD by Anesthesia | | |
| Local with NO Sedation (No Anesthesia Resource involved) | | | | TIVA | | |
| MAC | | | | | | |
| **Type of Optional Post-Op Analgesia  N/A** | | | | | | |
| Adductor canal | Bier Block | Caudal | Epidural | | | Fascia Iliaca |
| Femoral | Interscalene | | Lower extremity | | | No Nerve Block |
| Non specified Brachial plexus block | Paravertebral | | Peripheral nerve catheter | | | Popliteal |
| Rectus Sheath | Saphenous | | Sciatic | | | Spinal with Morphine |
| Transverse Abdominis Plane | Upper extremity | | Other: | | | |
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| **Additional Orders (any medication orders must include medication, dose, route, and phase of care)  N/A** | | | | | | |
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| **PROVIDER SIGNATURE: DATE: TIME:** |