**REMOVE ARTIFICAIL NAILS AND NAIL/TOE POLISH PRIOR TO SURGERY**

# Artesia General Hospital

702 N. 13th St., Artesia, NM 88210

(575)748-3333 AGH (575)885-2188 Physician Office

## Surgical Order

[ ] Inpatient [ ] Outpatient

**NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE SURGERY**

1. Patient Name: _____ Address: _____
2. DOB _____ Phone _____ Cell _____ Town _____
3. **Diagnosis** _____
   _____
4. **Planned Procedure** _____
   _____
5. Anesthesia _____ Special Equipment _____

**Pre-Admission Tests**: Implement upon arrival to Pre-Admission Appointment.
**Fax all labs and tests to surgeon's office at (575)885-6486 AND call (575)885-2188 with any abnormal tests**
**Diet:** [ ]Nothing by mouth/Fasting [ ]Clear Liquid [ ]Other_____
**Lab:** [ ]CBC [ ]CMP [ ]PT/INR [ ]UA [ ]Type & Screen [ ]Nasal Swab for MRSA [ ]A1C
[ ]CBC w/Diff [ ]BMP [ ]PTT [ ]Hcg [ ]Type & Cross [ ]PRBC's avail x _____units
**Cardiopulmonary:** [ ]EKG [ ]Echo **Radiology:** [ ]CXR
**Assessments:** [ ]Thrombosis Risk Factor [ ]Post-Op Nausea/Vomiting [ ]Sleep Apnea
Other: _____

6. **Preregistration, Pre-Op Nurse Appt, and ordered Tests** Date _____ Time _____
   **BRING THIS ORDER AND LIST OF MEDICATIONS TO ALL PRE-OP APPTs.**
7. **Pre-Op Physician Appt**: Carlsbad / Artesia Date _____ Time _____
8. **SURGICAL DATE** _____ Report to Hospital **(Tentative)** _____
9. Insurance: _____ Authorization #: _____
10. PCP _____ Clearance Y / N Consult with _____ Clearance Y / N
11. For **Partial or Total Knee/ Hip Replacement**, or **Total Knee/ Hip Revision** Surgery you will **need to attend** a **Pre-op** Educational Joint **Class** 2-4 weeks **prior to surgery**. This will be at AGH at 9 a.m. on the same day as your Pre-Op Testing at the hospital, so plan to be at hospital a minimum of two hours that day. Questions- call Tracy, Joint Care Coordinator, at 575-736-8106

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**Allergies**: _____ NKDA (circle) Physician : **Baca / Baggs / Wan**

**Day of Surgery/Pre-Op Orders**: Implement upon arrival to OR pre-op room

1. **NPO** and routine vital signs
2. **Start IV**, may use Lidocaine 1% 0.1 ml to 0.5 ml Interdermal at IV site
3. Verify Home Medication Reconciliation List
4. If taking Beta Blocker at home and it has not been taken within the last 24 hours, take now with sip of water.
5. Place TED hose and SCD(s) on pt for procedures expected to exceed 90 minutes, only on nonsurgical LE when appropriate
6. **Consent** for Surgery/Procedure Signed

**IVFluids**: [ ]LR @ 100 ml/hr [ ]NS @ 100 ml/hr **Foley Catheter** [ ] Other:_____

**Pre-op Antibiotic to be given within one hour prior to procedure x1 dose:** [ ]Gentamicin ___mg IVPB [ ]Clindamycin 600 mg IVPB
[ ]Ancef 1 gm IVPB [ ]Ancef 2 gm IVPB [ ] Anesthesiologist/CRNA to give **1 test dose of Ancef** if pt is allergic to PCN
[ ]Vancomycin 1 gm IVPB **Vancomycin must have documented reason**: _____
[ ]Bactroban (Mupirocin) 2% OINT to Nares with positive MRSA Nasal Swab

**Post-Op Orders**: PACU – All outpatients may be discharged from PACU when discharge criteria is met. Procedure specific discharge instructions will be provided to the patient prior to departure.

Physician Signature: _____ Date: _____ Time: _____

Revised August 6, 2015 by TT

**Artesia General Hospital**
**Day of Surgery/Pre-op Orders**

| Patient Name: | | Surgery Date: | |
|---|---|---|---|
| Physician: | | Pt. Allergies | |

**Day of Surgery/Pre-Op Orders**: Implement upon arrival to OR pre-op room

| | |
|---|---|
| **Preoperative Labs:** Verify previously ordered labs completed and on chart | ☐ Type & Cross for ____ units PRBC's<br>☐ Type and Screen<br>PT/INR if pt receiving Coumadin/warfarin in last two weeks<br>FSBS, finger stick or send with other labs if needed DOS<br>K+ redraw if pt received intervention to correct from previous labs<br>Hcg if pt is 55 or younger, has not gone through menopause, and has not had hysterectomy<br>☐ Other _____ |
| **Preoperative Medications:** all PO medications to be taken with small sip of water | ☐ Gabapentin 300 mg PO x1 dose<br>☐ Celecoxib (Celebrex) ☐400 mg ☐ 200 mg PO x1 dose<br>(Hold for NSAID induced asthma, Sulfa allergy, or renal disease)<br>☐ Ofirmev (IV Acetaminophen) 1000 mg IV x1 dose, within 30 minutes of procedure to be infused over 15 minutes (hold for liver failure or active hepatitis)<br>☐ Oxycodone IR 5 mg PO x1 dose, do not give if patient is older than 70<br>☐ Oxycontin SR 10 mg PO x1 dose, do not give if patient is older than 70<br>☐ Pantoprazole (Protonix) 40 mg IV x1 dose |
| **Intraoperative Medications:** | ☐ Transexamic Acid ☐500 mg ☐ 1000mg IV, before incision<br>☐ 500 mg ☐ 1000mg IV, before closure<br>☐ Exparel 1.3% 20 ml Injection at surgical site |
| **Intraoperative Procedures** | Clip hair and verify home scrub of operative site.<br>• Knee prep-upper thigh to ankle on affected side<br>• Hip prep-waist high to knee on affected side<br>• Report any lesions on extremity to surgeon<br>• Shoulder prep upper arm shave, do not shave underarm<br>☐ NG Tube |

Physician Signature: _____ Date: _____ Time: _____

**Partial Knee Replacement:** Post Operative Clinic Appointment **24 hours After** procedure. Dressing change to be done at this appt. Please make this appointment before your surgery.

**Clinic Appt. Date:** _____ **Time:** _____

Partial knee/hip, Total knee/hip, Revision knee/hip: **Physical Therapy is to begin 1-2 days after your release from the hospital**. You need to call the physical therapy place **of your choice** and make that appt.
Our outpatient AGH PT Dept # is (575)736-8174, should you choose our facility.

**Physical Therapy Appt. Date:** _____ **Time:** _____