

**REMOVE
ARTIFICIAL 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 _____ SSN _____ Phone _____ Cell _____
3. Diagnosis _____
_____ ICD9: _____
4. Planned Procedure _____
_____ CPT: _____
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

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: [] Ancef 1 gm IVPB [] Ancef 2 gm IVPB
[] Clindamycin 600 mg IVPB [] Gentamicin _____ mg IVPB [] Vancomycin 1 gm IVPB [] Vancomycin 2 gm IVPB
[] Anesthesiologist/CRNA to give **1 test dose of Ancef** if pt is allergic to PCN

Vancomycin must have documented reason: _____

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: _____

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

Physician Signature: _____ Date: _____ Time: _____