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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  ☐ Pre Admission Testing (PAT) Appointment Request  ☐ 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 | | | | | ☐ MRSA and SA Screen by PCR | | | |
| ☐ APTT | | | | | ☐ COVID-19 Asymptomatic/Pre-procedure Screening  ☐ Priority 1 ☐ Priority 2 | | | |
| ☐ 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 6 months) | | | |
| ☐ Glycohemoglobin A1C | | | | | ☐ Other: | | | |
| ☐ Hepatic Function Panel | | | | |  | | | |
| ☐ Urinalysis w/ C&S if indicated | | | | |  | | | |
| **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: | | | |
| **Nursing (Pre-Op)** | | | | | | | | |
| ☐ Clip and Prep Surgical Site | | | | | ☐ Insert Indwelling Urinary Catheter  Reason: Pre-Surgery/Pre-Procedure | | | |
| ☐ Verify Informed Consent (exact wording for surgery consent): | | | | | | | | |
| **Labs (Pre-Op / Day of Surgery) ☐ N/A** | | | | | | | | |
| ☐ CBC | | ☐ Comprehensive Metabolic Panel | | | | ☐ COVID-19 | | |
| ☐ APTT | | ☐ Glycohemoglobin A1C | | | | ☒ POCT blood glucose (Day of Surgery) | | |  |
| ☐ Protime-INR | | ☐ Urinalysis w/C&S if Indicated | | | | ☒ POCT urine pregnancy (Females age 12-55) | | |
| ☐ Basic Metabolic Panel | | ☐ MRSA and SA Screen by PCR nasal only | | | |  | | |
| ☐ Other: | | | | | |  | | |
| **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: | | | | | | | |
| **Specialty Consults (Pre-Op) ☐ N/A** | | | | | | | | |
| ☐ IP Consult to Hospitalists  Reason for referral: | | | | | ☐ IP Consult to Internal Medicine  Reason for referral: | | | |  |
| **DVT/VTE Prophylaxis (pre-Op) Caprini & Universal** | | | | | | | | |
| **Caprini Low (1-4) High (5-+)** | | | | | | | | |
| ☐ Sequential Compression Device | | | | ☐ No VTE Prophylaxis (Low Risk) | | | ☐ No Pharmacological VTE Prophylaxis -Reason for not Ordering | |
| ☐ No Mechanical VTE Prophylaxis  Reason for not Ordering | | | | ☐ No VTE Prophylaxis Anticoagulation Therapy Already Ordered | | | ☐ No VTE Prophylaxis-Patient Refused | |
| ☐ Consult to Pharmacy- Adjust medications for Renal Function | | | |  | | | | |
| **Low / High Risk** | | | | | | | | |
| **High Risk:** ☐ Consult to Pharmacy-Other Pediatric prophylactic Enoxaparin dosing | | | | ☐ Heparin 5000 Units SQ, Once 2 hours prior to procedure | | | ☐ Enoxaparin 40mg SQ, Once, 2 hours prior to procedure | |

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| **Patient Name (First, middle initial and last): DOB:**  **PROVIDER INITIALS:** | | | | | | | | | | | | |
| **Universal** | | | | |  | | | | | |  | |
| ☐ Sequential Compression Device | | | | | ☐ No VTE Prophylaxis (Low Risk) | | | | | | ☐ No Pharmacological VTE Prophylaxis -Reason for not Ordering | |
| ☐ No Mechanical VTE Prophylaxis  Reason for not Ordering | | | | | ☐ No VTE Prophylaxis Anticoagulation Therapy Already Ordered | | | | | | ☐ No VTE Prophylaxis-Patient Refused | |
| ☐ Consult to Pharmacy- Adjust medications for Renal Function | | | | |  | | | | | | | |
| **Moderate/High Risk** | | | | | | | | | | | | |
| ☐ Consult to Pharmacy-Other Pediatric prophylactic Enoxaparin dosing | | | | | ☐ Heparin 5000 Units SQ, Once | | | | | | ☐ Heparin 7500 Units SQ, Once (BMI Greater than 50) | |
| ☐ Enoxaparin 30mg (BMI Less than 50) SQ, Once | | | | | ☐ Enoxaparin 40mg (BMI greater than 50) SQ, Once | | | | | |  | |
| **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 | | | | | | | | | ☐ Insert 2nd peripheral IV  ☒ Sodium chloride 0.9% infusion at 25 mL/hr | | | |
|  | | | | | | | | | | | | |
| **Antibiotics (Pre-Op) ☐ N/A** | | | | | | | | | | | | |
| ☐ ceFAZolin (ANCEF) IVPB 2 g x 1 dose; one hour prior to incision time | | | | | | | | | ☐ levofloxacin (LEVAQUIN) IV 500 mg x 1 dose; one hour prior to incision time | | | |
| ☐ ceFAZolin (ANCEF) IVPB 3 g x 1 dose; one hour prior to incision time | | | | | | | | |  | | | |
| ☐ ceftriaxone (ROCEPHIN) IV 2,000 mg x 1 dose; one hour prior to incision time | | | | | | | | | ☐ metronidazole (FLAGYL) IVPB 500 mg x 1 dose; one hour prior to incision time | | | |
| ☐ clindamycin (CLEOCIN) IVPB 900 mg x 1 dose; one hour prior to incision time | | | | | | | | | ☐ cefoTEtan (CEFOTAN) IVPB 2 g x 1 dose; one hour prior to incision time | | | |
| ☐ piperacillin-tazobactam (ZOSYN) IVPB 3.375 g x 1 dose; one hour prior to incision time, administer over 30 Minutes | | | | | | | | | ☐ vancomycin (VANCOCIN) IVPB 15 mg/kg x 1 dose; two hours prior to incision time | | | |
| ☐ ampicillin-sulbactam (UNASYN) IVPB 3 g x 1 dose; one 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 | | | | | | | | | | | | |
| **TAP Block** | | | | | | | | | | | | |
| ☐ TAP Block: bupivacaine liposome (EXAPREL) 200 mL  ☐ TAP Block: Dual Syringes (Anesthesia Administered) EXPAREL + bupivacaine 0.25%/Epinephrine dual syringes | | | | | | | | | | | | |
| ☐ Fascial Plane block, Breast surgery block (Exparel) - for pectoral, intercostal, and long thoracic nerve block for mastectomy with or without immediate concurrent breast reconstruction and axillary node dissection. | | | | | | | | | | | | |
| **Adult Infusion Ball** | | | | | | | | | | | | |
| Boise  Surgery Location | | ☐ Single Lumen | | ☐ Fixed Rate 2 mL/hr  ☐ Select a flow \_\_\_mL/hr | | | | | | ☐ ropivacaine 2 mg/mL, surgical subcutaneous, continuous  ☐ bupivacaine 0.5%, surgical subcutaneous, continuous | | |
| ☐ Dual Lumen | | ☐ Fixed Rate 4 mL/hr  ☐ Select a flow \_\_\_mL/hr | | | | | | ☐ ropivacaine2 mg/mL, surgical subcutaneous, continuous  ☐ bupivacaine 0.5%, surgical subcutaneous, continuous | | |
| Meridian  Surgery Location | | ☐ Single Lumen | | ☐ Fixed Rate 2 mL/hr | | | | | | ☐ ropivacaine 2 mg/mL, surgical subcutaneous, continuous  ☐ bupivacaine 0.5%, surgical subcutaneous, continuous | | |
| ☐ Select a flow \_\_\_mL/hr | | | | | | ☐ ropivacaine 2 mg/mL, surgical subcutaneous, continuous | | |
| Magic Valley Surgery Location | | ☐ Single Lumen | | ☐ Fixed Rate 2 mL/hr | | | | | | ☐ bupivacaine 0.5%, surgical subcutaneous, continuous | | |
| ☐ Select a flow \_\_\_mL/hr | | | | | | ☐ ropivacaine 2 mg/mL, surgical subcutaneous, continuous | | |
| ☐ Dual Lumen | | ☐ Fixed Rate 4 mL/hr | | | | | | ☐ bupivacaine 0.5%, surgical subcutaneous, continuous | | |
| **Patient Name (First, middle initial and last):** | | | | | | **DOB:** | | | | | | |
| **Antiemetic (Pre-op) ☐ N/A** | | | | | |  | | | | | | |
| ☐ fosaprepitant (EMEND) Injection 150 mg x 1 dose | | | | | | ☐ famotidine (PEPCID) IV 20 mg x 1 dose | | | | | | |
| ☐ pantoprazole (PROTONIX) IV 40 mg x 1 dose | | | | | | ☐ ondansetron (ZOFRAN) IV 8 mg x 1 dose | | | | | | |
| ☐ metoclopramide injection 10 mg x 1 dose | | | | | |  | | | | | | |
| **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** Type of Optional Post-op analgesia requested to be completed by an Anesthesia provider. Anesthesia to perform block due to treatment technique beyond the experience of the operating physician.  **\*Indicate laterality if appliable** | | | | | | | | | | | | |
| ☐ Adductor canal  ☐ Right ☐ Left | | ☐ Bier Block ☐ Right ☐ Left | | | | | ☐ Epidural | | | | ☐ Fascia Iliaca ☐ Right ☐ Left | |
| ☐ Femoral  ☐ Right ☐ Left | | ☐ Interscalene ☐ Right ☐ Left | | | | | ☐ Lower extremity  ☐ Right ☐ Left | | | | ☐ Spinal with Morphine | |
| ☐ Non specified Brachial plexus block  ☐ Right ☐ Left | | ☐ Paravertebral ☐ Right ☐ Left | | | | | ☐ Peripheral nerve catheter  ☐ Right ☐ Left | | | | ☐Popliteal ☐ Right ☐ Left | |
| ☐ Rectus Sheath  ☐ Right ☐ Left | | ☐ Saphenous ☐ Right ☐ Left | | | | | ☐ Sciatic ☐ Right ☐ Left | | | | ☐ No Nerve Block | |
| ☐ Transverse Abdominis Plane  ☐ Right ☐ Left | | ☐ Upper extremity ☐ Right ☐ Left | | | | | ☐ Caudal | | | | ☐ Other:  ☐ Right ☐ Left | |
| **\*Is there a secondary block?**  **\*Indicate laterality if applicable** | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | ☐ Adductor canal ☐ Right ☐ Left | ☐ Bier Block ☐ Right ☐ Left | ☐ Epidural | ☐ Fascia Iliaca ☐ Right ☐ Left | | | ☐ Femoral ☐ Right ☐ Left | ☐ Interscalene ☐ Right ☐ Left | ☐ Lower extremity ☐ Right ☐ Left | ☐ Spinal with Morphine | | | ☐ Non specified Brachial plexus block  ☐ Right ☐ Left | ☐ Paravertebral ☐ Right ☐ Left | ☐ Peripheral nerve catheter  ☐ Right ☐ Left | ☐ Popliteal ☐ Right ☐ Left | | | ☐ Rectus Sheath ☐ Right ☐ Left | ☐ Saphenous ☐ Right ☐ Left | ☐ Sciatic ☐ Right ☐ Left | ☐ No Nerve Block | | | ☐ Transverse Abdominis Plane  ☐ Right ☐ Left | ☐ Upper extremity ☐ Right ☐ Left | ☐ Caudal | | ☐ Other: ☐ Right ☐ Left | | | | | | | | | | | | | |
| **Additional Orders (any medication orders must include medication, dose, route, and phase of care) ☐ N/A** | | | | | | | | | | | | |
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| **PROVIDER SIGNATURE: DATE: TIME:** |