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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** |
| [ ]  COSM – **Fax: 208-706-1839** |  | [ ]  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:**   **Allergies:**  **Weight:** kg **Height:** cm **Diagnosis:** [ ]  Interpretation Services; Language:  |

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| **Pre Admission Testing** [ ]  **N/A**  |
|[ ]  CBC |[ ]  APTT |[ ]  Protime-INR |
|[ ]  Basic Metabolic Panel |[ ]  Comprehensive Metabolic Panel |[ ]  Glycohemoglobin A1C |
|[ ]  Hepatic Function Panel |[ ]  Urinalysis w/C&S if Indicated |[ ]  MRSA and SA Screen by PCR |
|[ ]  COVID-19 Asymptomatic/Pre-procedure Screening  |[ ]  Type & Screen + ABOCAP if not filed in EHR |[ ]   Other:  |
| **Admission**  |
|[ ]  Admit to Inpatient [ ]  Hospital Outpatient Surgery or Procedure (no Bed)  | [ ]  Hospital Outpatient Surgery or Procedure (with Bed) |
| **Code Status (Pre-Op)**  |
|[ ]  Full code  | [ ]  | Modified code |[ ]  DNR/DNI |
| **Diet (Pre-Op)** |
|[x]  Pediatric NPO Diet |[ ]  Other:  |
| **Nursing (Pre-Op)** |
|[ ]  Sequential compression device – Calf | [ ]  | Insert Indwelling Urinary Catheter; Reason: Pre-Surgery/Pre-Procedure |
|[x]  Verify informed Consent (exact wording for surgery consent):  |
| **Labs (Pre-Op / Day of Surgery)** [ ]  **N/A** |
|[ ]  CBC  |[ ]  Urine Culture |
|[ ]  Basic Metabolic Panel  |[ ]  Urine HCG Screen |
|[ ]  Comprehensive Metabolic Panel  |[ ]  MRSA abd SA Screen by PCR nasal only |
|[ ]  Glycohemoglobin A1C  |[x]  POCT blood glucose (For all Diabetic Patients) |
|[ ]  Urinalysis w/C&S if Indicated  |[x]  POCT urine pregnancy (Females age 12-55) |
|[ ]  Other:   |[x]  COVID-19 |
| **Blood Bank Tests and Products (Pre-Op)** [ ]  **N/A** |
| ☐  | Type and Screen + ABOCAP if not filed in HER\*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 [ ]  10 mL/kg[ ]  Adult or Pediatric greater than 40 kg [ ]  Pediatric less than 40 kg | [x]  Indications: Surgical Blood Product SupplyRequest for special products: [ ]  CMV Negative [ ]  Irradiated |
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|  | Add. Considerations [ ]  Crossmatch [ ]  Emergent/Uncrossmatched |  Donor source [x]  Bank Units [ ]  Directed Donor [ ]  Autologous |

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| **Imaging and Procedures (Pre-Op / Day of Surgery)** [ ]  **N/A** |
|[ ]  XR chest 2 view |[ ]  Other: **PROVIDER INITIALS:**  |
|[ ]  ECG 12 lead |[ ]  Echo Pediatric Complete |
| **Patient Name (First, middle initial and last): DOB:**  |
| **Specialty Consults** |
|  [ ]  IP Consult to Pediatric Hospitalist [ ]  IP Consult to Pediatric Intensivist |
| **IV** |
| [x]  | Initiate IV protocol – Pediatric [ ]  Insert Peripheral IV |
| [ ]  | dextrose 5 % and sodium chloride 0.45 % ml/hr [ ]  dextrose 5 % and sodium chloride 0.45 % ml/hr |
|[ ]  lactated ringers ml/hr [ ]  Other: ml/hr |
| **Antibiotics (Pre-Op)** [ ]  **No Antibiotics Indicated** | [ ]  **Yes \*\*Order Antibiotics see ORDERS Addendum\*\*\*** |
| **Pain Medications (Pre-Op)** [ ]  **N/A** |
|[ ]  Ropivacaine infusion ball 750 mL double lumen select a flow  |[ ]  Less than 40 kg  |[ ]   Greater than 40 kg**PROVIDER INITIALS:**  |
| **Peripheral Nerve Block**  |
| [ ]  **Bupivacaine-EPINEPHrine PR 0.23%-1:200,000 with Clonidine 50 mcg in 30.5 mL Once, Preoperative** **PED ESP Block (up to 65 KG)**☐ EXPAREL 4mg/kg + bupivacaine 2mg/kg in 0.9% sodium chloride, infiltration only. **Total Volume:** ☐ 60mL ☐ 120 mL ☐ 200 mL **PED ESP Block (>65 kg)** ☐ EXPAREL 266 mg + bupivacaine 133 mg in 0.9% sodium chloride, infiltration only. **Total Volume:** ☐ 60mL ☐ 120 mL ☐ 200 mL |
| **Intrathecal baclofen** | ☐ baclofen (GABLOFEN) 1,000 mcg/mL intrathecal solution 20mL, intrathecal | ☐ baclofen (LIORSEAL) 2,000mL mcg/mL intrathecal solution 20 mL, intrathecal |
| **Anesthesia ❑ N/A**  |
|[ ]  Bier Block |[ ]  Epidural |[ ]  General |[ ]  Local with Conscious Sedation  |[ ]  Local with no Sedation  |[ ]  MAC |
|[ ]  Regional Block  |[ ]  SAB |[ ]  TIVA |[ ]  TBD by Anesthesia  |[ ]  N/A (No Anesthesia resource involved) |
| **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  |[ ]  Caudal |[ ]  Epidural |[ ]  Fascia Iliaca ☐ Right ☐ Left |[ ]  Femoral |[ ]  Interscalene ☐ Right ☐ Left |
|[ ]  Interpectoral plane block ☐ Right ☐ Left |[ ]  Non specified Brachial Plexus Block ☐ Right ☐ Left |[ ]  Paravertebral ☐ Right ☐ Left |[ ]  Peripheral nerve Catheter ☐ Right ☐ Left |[ ]  Popliteal ☐ Right ☐ Left |
|[ ]  Saphenous ☐ Right ☐ Left |[ ]  Sciatic ☐ Right ☐ Left |[ ]  Spinal with Morphine |[ ]  Transverse Abdominis ☐ Right ☐ Left |[ ]  Rectus Sheath ☐ Right ☐ Left |
|[ ]  Upper Extremity ☐ Right ☐ Left |[ ]  Lower extremity ☐ Right ☐ Left | ☐ | Pectoserratus plane block ☐ Right ☐ Left |  ☐ |  Supraclavicular ☐ Right ☐ Left |
|  | Other:: ☐ Right ☐ Left |
| **\*Is there a secondary block? ☐ N/A \*Indicate laterality if applicable** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| ☐ | Adductor Canal ☐ Right ☐ Left | ☐ | Bier Block ☐ Right ☐ Left  | ☐ | Caudal | ☐ | Epidural | ☐ | Fascia Iliaca  ☐ Right ☐ Left | ☐ |  Lower extremity ☐ Right ☐ Left |
| ☐ | Femoral | ☐ | Interscalene ☐ Right ☐ Left | ☐ | Non specified Brachial Plexus Block ☐ Right ☐ Left | ☐ | Paravertebral  ☐ Right ☐ Left | ☐ | Popliteal  ☐ Right ☐ Left |  |  |
| ☐ | Saphenous ☐ Right ☐ Left | ☐ | Sciatic ☐ Right ☐ Left | ☐ | Spinal with Morphine | ☐ | Transverse Abdominis ☐ Right ☐ Left | ☐ | Rectus Sheath ☐ Right ☐ Left |  |  |
| ☐ | Upper Extremity ☐ Right ☐ Left | ☐ | Pectoserratus plane block ☐ Right ☐ Left | ☐ | Interpectoral plane block ☐ Right ☐ Left | ☐ | Peripheral nerve Catheter ☐ Right ☐ Left | ☐ | Supraclavicular ☐ Right ☐ Left |
| **Additional Orders (any medication orders must include medication, dose, route and phase of care)** [ ]  **N/A**[ ]  Other:  |
| **PROVIDER SIGNATURE: DATE: TIME:** |