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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** |
| Jerome   **Fax:** **208-324-7301** | McCall   **Fax:** **208-634-3818** | Magic Valley   **Fax: 208-814-2921** | Elmore   **Fax:** **208-580-9808** |
| 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 Floor | | | | Same Day – Discharge From PACU  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: |  | 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) | | | | | | |
| **Pre Admission Testing q N/A** | | | | | | |
| CBC | | | | MRSA and SA Screen by PCR | | |
| APTT | | | | COVID-19 Asymptomatic/Pre-procedure Screening | | |
| 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 | | | |  | | |
| Urinalysis w/C&S if indicated | | | |  | | |
| **Admission** | | | | | | |
|  | | Admit to Inpatient  Hospital Outpatient Surgery (no Bed)  Hospital Outpatient Surgery (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 | | DNR/DNI |
| **Vital Signs (Pre-Op)** | | | | | | |
| Vital Signs - Per Unit Standard | | | | | | |
| **Diet (Pre-Op)** | | | | | | |
| Adult NPO Diet, sips with meds | | | | Other: | | |
| **Nursing (Pre-Op)** | | | | | | |
| Notify Provider of abnormal labs or diagnostics | | | | Insert Indwelling Urinary Catheter, Reason: Pre-Surgery/Pre-Procedure | | |
| Weigh patient | | | | Betadine douche | | |
| Skin Prep (surgical preparation, hair removal, clippers) | | | | **☒**Apply nasal decolonization to both nares, once | | |
| Verify informed Consent (exact wording for surgery consent): | | | | | | |
| **Labs (Pre-Op / Day of Surgery)  N/A** | | | | | | |
| CBC | | | | POCT urine pregnancy (Females age 12-55) | | |
| Type and Screen | | | | Urine HCG Screen | | |
| APTT | | | | Urinalysis w/C&S if Indicated | | |
| Protime-INR | | | | MRSA and MSSA Screen by PCR | | |
| Basic Metabolic Panel | | | | POCT blood glucose (Day of Surgery) | | |
| Comprehensive Metabolic Panel | | | | COVID-19 | | |
| Other: | | | | | | |
| **Blood Bank Tests and Products (Pre-Op)  N/A** | | | | | | |
| 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 40kg  Pediatric less than 40 kg | | | Indications: Surgical Blood Product Supply  Request for special products:  CMV Negative  Irradiated | | |
|  | Add’l Considerations: Crossmatched Uncrossmatch/ Emergent | | | Donor source:  Bank Units  Directed Donor  Autologous | | |
| **Imaging (Pre-Op / Day of Surgery)  N/A** | | | | | | |
| XR abdomen 2 view with chest 1 view | | | | Other: | | |
| **Procedures and Other Tests (Pre-Op)  N/A** | | | | | | |
| ECG 12 lead | | | | Other: | | |
| **DVT/VTE Prophylaxis (pre-Op)** | | | | | | |
| **Caprini Low (1-4) High (5-+) Caprini & Universal- (Must select one)** | | | | | | |
| ☐ Sequential Compression Device ☒ Calf ☐ Thigh ☐ Foot pumps | | | | | | |
| ☐ 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:** | | | | | | | | |
| **VTE Universal Guidance (Pre-Op)** | | | | | | | | |
| **Low Risk** | | | | | | | | |
| ☐ Sequential Compression Device ☒ Calf ☐ Thigh ☐ Foot pumps | | | | | | | | |
| ☐ No VTE Prophylaxis (Low Risk)- | | | ☐ No Pharmacological VTE Prophylaxis -Reason for not ordering - | | | | ☐ No Mechanical VTE Prophylaxis-  Reason for No Comment - | |
| ☐ 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  Local Anesthetics  Sodium Chloride bacteriostatic 0.9% injection 0.1mL  Norflurane- pentafluoropropane (Pain Ease) topical spray, 1 spray | | | | | | | |
|  | Saline Lock IV  Insert 2nd peripheral IV  Lactated Ringers 25 mL/hr  sodium chloride 0.9% Infusion 25 mL/hr | | | | | | | |
| **Antibiotics (Pre-Op)  N/A** | | | | | | | | |
| ceFAZolin (ANCEF) IVPB 2 g x 1 dose, within one hour of incision time, over 30 minutes. For patients less than 120 kg. | | | | | | | | |
| ceFAZolin (ANCEF) IVPB 3 g x 1 dose, within one hour of incision time, over 30 minutes. For patients greater than or equal to 120 kg. | | | | | | | | |
| ampicillin-sulbactam (UNASYN) IVPB 3 g x 1, 1 hour prior to incision time, over 30 Minutes | | | | | | | | |
| metronidazole (Flagyl) IVPB 500 mg IV x 1, 1 hr prior to incision time, 1 hr prior to incision time | | | | | | | | |
| cefoTEtan (CEFOTAN) IVPB 2 g x 1 dose, 1 hour prior to incision time, over 30 Minutes | | | | | | | | |
| cefOXitin (MEFOXIN) IVPB 2 g x 1 dose, 1 hour prior to incision time, over 30 Minutes | | | | | | | | |
| cefUROXime (ZINACEF) IVPB 1.5 g x 1 dose, 1 hour prior to incision time, over 30 Minutes | | | | | | | | |
| metronidazole (FLAGYL) 2 g tablet PO Once with a sip of water | | | | | | | | |
| doxycycline monohydrate Tab, 200 mg, Oral, Once, with a sip of water | | | | | | | | |
| Other: | | | | | | | | |
| **If Severe Penicillin Allergy** | | | | | | | | |
| clindamycin (CLEOCIN) 900 mg x 1 dose, IV, 1 hour prior to incision time, over 30 Minutes **AND**  levofloxacin (LEVAQUIN) 500 mg/100 mL IVPB, 500 mg x 1 dose, IV, 2 hours prior to incision time, over 60 Minutes | | | | | | | | |
| clindamycin (CLEOCIN) IVPB 900 mg x 1 dose, 1 hour prior to incision time, over 30 Minutes **AND**  gentamicin (GARAMYCIN) 80 mg x 1 dose, IV, 1 hour prior to incision time, over 60 Minutes | | | | | | | | |
| clindamycin (CLEOCIN) IVPB 900 mg x 1 dose, 1 hour prior to incision time, over 30 Minutes **AND**  tobramycin IVPB 80 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes | | | | | | | | |
| clindamycin (CLEOCIN) IVPB 900 mg x 1 dose, 1 hour prior to incision time, over 30 Minutes **AND**  ciprofloxacin (CIPRO) 400 mg x 1 dose, IV, 2 hours prior to incision time, over 60 Minutes | | | | | | | | |
| metronidazole (FLAGYL) IVPB 500 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes **AND**  levofloxacin (LEVAQUIN) 500 mg/100 mL IVPB, 500 mg x 1 dose 2 hours prior to incision time, over 60 Minutes | | | | | | | | |
| metronidazole (FLAGYL) IVPB 500 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes **AND**  gentamicin (GARAMYCIN) 80 mg x 1 dose, 1 hour prior to incision time, over 30 minutes | | | | | | | | |
| metroNIDAZOLE (FLAGYL) IVPB 500 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes **AND**  tobramycin IVPB 80 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes | | | | | | | | |
| metroNIDAZOLE (FLAGYL) IVPB 500 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes **AND**  ciprofloxacin (CIPRO) 400 mg x 1 dose, 2 hours prior to incision time, over 60 Minutes | | | | | | | | |
| vancomycin (VANCOCIN) 1,000 mg x 1 dose, 2 hours prior to incision time, over 90 Minutes **AND**  levofloxacin (LEVAQUIN) 500 mg/100 mL IVPB, 500 mg x 1 dose, two hours prior to incision time, over 60 minutes | | | | | | | | |
| **Patient Name (First, middle initial and last): DOB:** | | | | | | | | |
| vancomycin (VANCOCIN) IVPB 1,000 mg x 1 dose, 2 hours prior to incision time, over 90 Minutes **AND**  gentamicin (GARAMYCIN) 80 mg x 1 dose, 1 hour prior to incision time | | | | | | | | |
| vancomycin (VANCOCIN) IVPB 1,000 mg x 1 dose, 2 hours prior to incision time, over 90 Minutes **AND**  tobramycin IVPB 80 mg x 1 dose, 1 hour prior to incision time, over 60 Minutes | | | | | | | | |
| vancomycin (VANCOCIN) IVPB 1,000 mg x 1 dose, 2 hours prior to incision time, over 90 Minutes **AND**  ciprofloxacin (CIPRO) 400 mg x 1 dose, 2 hours prior to incision time, over 60 Minutes | | | | | | | | |
| **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 (Pre-Op)  N/A** | | | | | | | | |
| Bupivacaine liposome (PF) 266 mg/ bupivacaine 150 mg 0.9% NaCL 200 mL (TAP BLOCK) Inflitration, Once | | | | phenazopyrdine (PYRIDIUM) 100 mg, Oral, Once, 1 hr prior to procedure | | | | |
| Other: | | | |  | | | | |
| **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 | | | No Nerve Block | |
| 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 | | | Spinal with Morphine | |
| Transverse Abdominis Plane  Right  Left | | Upper extremity  Right  Left | | | Caudal | Supraclavicular ☐ Right ☐ Left | | Other:  Right  Left | |  |
| **Is there a secondary block?**  **\*Indicate laterality if applicable**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Adductor canal  Right  Left | Bier Block  Right  Left | Epidural | Caudal | Fascia Iliaca  Right  Left | | Femoral  Right  Left | Interscalene  Right  Left | Lower extremity  Right  Left | | No Nerve Block | | 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 | | Spinal with Morphine | | Transverse Abdominis Plane  Right  Left | Upper extremity  Right  Left | Supraclavicular ☐ Right ☐ Left | | 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:** |