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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 PACU |
| ☐ Post-Op Day 1 | ☐ Unknown |
| **ERAS Diet Instructions** |
| ☐ Ensure Pre-Surgery Drink | ☐ Regular Sports Drink | ☐ Reduced Sugar Sports Drink | ☐ Other: |
| **ERAS Bathing Instructions** |
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| ☐ Chlorhexidine soap for showering | ☐ Personal soap for showering |

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| **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 | ☐ POCT Urine Pregnancy (Females age 12-55) |
| ☐ APTT | ☐ MRSA and SA Screen by PCR |
| ☐ 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  | ☐ COVID-19 Symptomatic ☐ Priority 1 ☐ Priority 2 |
| ☐ Urinalysis w/C&S if indicated | ☐ COVID-19 Asymptomatic/Pre-procedure Screening ☐ Priority 1 ☐ Priority 2 |
| ☐ Other:  |
| **Admission (Pre-Op)** |
| ☐ Admit to Inpatient (2 or more midnights of hospital care) ☐ Hospital Outpatient Surgery or Procedure (no bed)  ☐ Hospital Outpatient Surgery or Procedure (with bed) (CAH Hospitals; expect patient to be DC’d or transferred w/in 96 hours)  |
| **Telemetry:** ☐ No Telemetry ☐ Tele Unit ☐ Satellite Tele |
| **Patient Name (First, middle initial and last): DOB:**  |
| **Code Status (Pre-Op)**  |
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| ☐ Full Code  | ☐ Modified code  | ☐ DNR/DNI |

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| **Diet (Pre-Op)** |
| **☒** Adult NPO Diet, sips with meds | ☐ Other:  |
| **Nursing (Pre-Op)**  |
| ☐ Clip and Prep Surgical Site  | ☐ Continuous Bladder Irrigation Panel |
| **☒**Apply nasal decolonization to both nares, once | ☐ Manual Bladder Irrigation Panel |
| **☒**  Verify Informed Consent (exact wording for surgery consent):  |
| **Labs (Pre-Op / Day of Surgery) ☐ N/A** |
| ☐ CBC  | ☐ Glycohemoglobin A1C | ☐ COVID-19 Asymptomatic/Pre-procedure Screening  |
| ☐ Protime-INR | ☐ Urinalysis w/C&S if Indicated | **☒** POCT blood glucose (Day of Surgery) |  |
| ☐ Basic Metabolic Panel | ☐ MRSA and SA Screen by PCR nasal only  | **☒** POCT urine pregnancy (Females age 12-55) |
| ☐ Comprehensive Metabolic Panel |  |  |
| ☐ 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 SupplyRequest 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  | ☐ XR abdomen1 vw  |
| **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:  |

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| **Patient Name (First, middle initial and last): DOB:**  |
| **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 | ☐ sodium chloride 0.9% infusion at 25 mL/hr ☐ Insert 2nd peripheral IV |
| **DVT/VTE Prophylaxis (pre-Op)** |
| ☐ Sequential Compression Device **☒** Calf ☐ Thigh ☐ Foot pumps  | ☐ No VTE Prophylaxis Anticoagulation Therapy Already Ordered |
| ☐ No Pharmacological VTE Prophylaxis -Reason for not ordering -  | ☐ No VTE Prophylaxis-Patient Refused |
| ☐ No Mechanical VTE Prophylaxis- Reason for not ordering -  | ☐ Consult to Pharmacy- Adjust medications for Renal Function |
| ☐ Heparin SQ, 5,000 units Once | ☐ Enoxaparin (Lovenox) SQ 30 mg, Once  |
| **Antibiotics (Pre-Op) ☐ N/A**  **Antimicrobial Prophylaxis Note: cephalosporins can be safely used in most self-reported penicillin-allergic patients without confirmed IgE mediated hypersensitivity.** |
| **Antibiotics (Pre Op) WITHOUT entering genitourinary system** |
| ☐ ceFAZolin (ANCEF) 2 g, IV, patients less than 120kg, Once, within one hour prior to incision  | ☐ clindamycin (CLEOCIN) IVPB, 900 mg IV, Once, within one hour prior to incision  |
| ☐ ceFAZolin (ANCEF) 3 g, IV, patients greater than or equal to 120kg, Once, within one hour prior to incision  |
| Antibiotics (Pre Op) WITH entering genitourinary system -for procedures entering the GI system, guided by pre-procedural urine culture. |
| ☐ ceftriaxone (ROCEPHIN) 2g, IV, Once, within one hour prior to incision | ☐ ESBL-producing organism: ertapenem (INVAZ) 1 g, IV, Once, within one hour prior to incision |
| ☐ Pseudomonas, Enterobacter cloacae, Klebsiella aerogenes, or Citrobacter freundii: Cefepime (MAXIPIME) 2g, IV, Once, within one hour prior to incision  | ☐ Enterococcus faecalis: ampicillin (OMNIPEN) IV 2g IV, Once, within one hour prior to incision |
| Staphylococcus, Enterococcus faecium, or mixed gram-positive GU Flora |
| ☐ linezolid dextrose 5 % (ZYVOX) 600 mg / 300 ml IVPB, Once, within one hour prior to incision  | ☐ vancomycin (VANCOCIN) IVPB 15 mg/kg, IV, Once, two hours prior to incision  |
| **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 - Urinary** |
| ☐ phenazopyridine (PYRIDIUM) tablet, 100 mg, PO, 1 hour prior to procedure☐ mitomycin (MUTAMYCIN) chemo bladder installation. 40mg, IntraVESICAL, Once, For intravesical infusion once to be administered intraoperatively: order pre-op to have available. Follow chemotherapy precautions, Preoperative.☐ gemcitabine (GEMZAR) chemo bladder instillation. IntraVESICAL, Once, For intravesical infusion once to be administered intraoperatively; order pre-op to have available. Follow chemotherapy precautions, Preoperative.☐ opium-balladonna (B&O #16A SUPPRETTES) 16.2-60 MG suppository. 1 suppository, Rectal, Once, To be administered intraoperatively; order pre-op so available, Preoperative☐ onabotulinumtoxinA (BOTOX) injection. 100 Units, IntraDETRUSOR, Once, Provider to administer, Preoperative |

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| **Patient Name (First, middle initial and last):**  | **DOB:**  |
| **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 applicable**  |
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| ☐ | Adductor canal ☐ Right ☐ Left  | ☐ | Bier Block ☐ Right ☐ Left  | ☐ | Caudal | ☐ | 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 | ☐ | Supraclavicular ☐ Right ☐ Left |
| ☐ | Other : ☐ Right ☐ Left |

**\*Indicate laterality if applicable**  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| ☐ | Adductor canal ☐ Right ☐ Left  | ☐ | Bier Block ☐ Right ☐ Left  | ☐ | Caudal | ☐ | 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 | ☐ | Supraclavicular ☐ Right ☐ Left |
| ☐ | Other: ☐ Right ☐ Left |

**\*Is there a secondary block?** ☐ Yes ☐No |
| **Additional Orders (any medication orders must include medication, dose, route, and phase of care) ☐ N/A** |
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| **PROVIDER SIGNATURE: DATE: TIME:** |