

 ORANGE REGIONAL MEDICAL CENTER SURGICAL BOOKING AND PERIOPERATIVE ORDERS SHEET		Completed form must be faxed to the ORMC Scheduling Office Inbound 845-333-1041		Patient Label	
PATIENT NAME: Megan L. Joyce		DOB: 5-26-99		SEX: Fe	
ADDRESS: 2 Mosher Lane		Surgeon: Wico Chu, MD		Assistant:	
Wurtsboro, N.Y. 12790		CPT CODE: 58661, 57410		ICD 10 CODE: R10.2, N83.29	
HOME NUMBER: (570) 223-3565		CELL NUMBER: 8085		INSURANCE ID NUMBER: 728771631	
INSURANCE CO. Under N.Y. State of Health		PROCEDURE DATE: 2-10-20		PROCEDURE LENGTH: 11:00 AM	
PROCEDURE ORDER FOR CONSENT: Laparoscopic Right ovarian cystectomy, possible oophorectomy		Exam under Anesthesia			

IS PATIENT BEING SCHEDULED FOR BLOODLESS SURGERY ☐ YES ☒ NO PATIENT IS ERAS ☐ YES ☐ NO

TYPE OF ADMISSION: ☒ ORMC ☐ POB ☐ OBS ☒ SDS ☐ 23hr. ☐ INPATIENT ☐ ENDO

PATIENT SPECIFIC NEEDS: ☐ FACILITY/GROUP HOME ☐ FORENSIC PATIENT ☐ LANGUAGE LINE ☐ SPECIAL NEEDS / should not be first case

PATIENT OR FAMILY MEMBER HAS HISTORY OF MALIGNANT HYPERTHERMIA ☐ YES ☐ NO

ANESTHESIA COMPLICATIONS / DIFFICULT INTUBATION ☐ YES ☐ NO

☐ PACEMAKER ☐ AICD ☐ VENDOR: SPECIAL EQUIPMENT: Ultraflex Allen Stirrups

☐ Cell Saver ☐ C-Arm ☐ Oxygen ☐ IMPLANT / EQUIPMENT FORM ☐ IMPLANT RECALL (Specify)

PRE-SURGICAL TESTING APPOINTMENT May we leave a message? ☐ Yes ☐ No PRIMARY DOCTOR

☐ PST MEPS being done at ☐ ORMC ☐ CRHC ☐ MEPS Consultation by Dr. Diagnosis

☐ PST Nurse only - patient NOT on insulin or anticoagulant

☒ PST Phone Assessment only - (does not stratify - NOT on insulin or anticoagulant)

DIABETIC ☐ Yes ☒ No ON INSULIN ☐ Yes ☒ NO ON ANTICOAGULANT ☐ Yes ☒ No Type HISTORY SLEEP APNEA ☐ Yes ☒ No

PRE-SURGICAL MEDICAL EVALUATION

Surgical Risk: ☐ Minimal ☒ Low ☐ Intermediate or High Health Risk: ☒ A ☐ B ☐ C ☐ D

☐ Medical / Cardiac Consultation by Dr. Anesthesia Consultation Requested ☐ Yes ☒ No

PRE-SURGICAL TESTING ORDERS ☐ OTHER: To be done at CRHC

☒ T & S # OF UNITS ☒ CBC ☐ BMP/CMP ☐ PT/INR ☐ PTT ☐ MSSA/MRSA screen culture ☐ UUA ☐ EKG ☐ CXRAY ☐ C-SPINE

☐ KNEE X-RAY (circle one) LEFT RIGHT ☐ HIP X-RAY (circle one) LEFT RIGHT FOR ERAS Patients ☒ follow ERAS protocol & Prehab as indicated

PERI-OPERATIVE ORDERS FOR ERAS PATIENTS ☒ follow ERAS protocol FOR PATIENTS WITH DIABETES ☒ follow Perioperative Insulin Protocol Order Set

☐ Blood Glucose Monitoring Test Upon Arrival to Pre-Op ☒ Urine Pregnancy Test Upon Arrival to Pre-Op age 12-55 unless H/O TAH or BTL

☒ LR at 100ml/hr ☐ NS at 100ml/hr ☐ LR at KVO ☐ Other IV fluid ☐ Saline lock with NS flush

☐ KUB X-Ray upon arrival to Pre-Op ☒ Intraop Venodyne ☐ Intraop Foley ☐ Additional Orders

ALLERGIES ☐ None Known ☐ LATEX ☐ METAL ☐ OTHER

ALLERGIC REACTION

MEDICATIONS PREOPERATIVELY FOR ERAS Patients ☒ follow ERAS medication order protocol

☒ FOR TOTAL JOINT Patients follow Total Joint Protocol ☐ Cefazolin (Ancef) gm IV ☐ Surgeon reviewed PCN allergy - benefit outweighs risk

☐ Vancomycin mg IV ☐ Gentamicin mg IV ☐ Clindamycin mg IV ☐ Metronidazole mg IV or PO (CIRCLE ONE)

☐ Levofloxacin mg IV or PO (CIRCLE ONE) PEDIATRIC DOSING ONLY mg/kg IV

Additional Pre-operative orders

PHYSICIAN SIGNATURE /PRINTED NAME: Wico Chu, MD TIME: 11 AM DATE: 2-4-20

STAFF SIGNATURE/PRINTED NAME: Diane OKSTAD TIME: 11:02 AM DATE: 2-4-20

