

MEDICAL CENTER SURGICAL BOOKING AND PERIOPERATIVE ORDERS SHEET

Scheduling Office Inbound 845-333-1041

PATIENT NAME: Kathleen Kivler 3-27-54		DOB: 798-0569	SEX: F	Diagnosis: rectal bleeding
ADDRESS: 5089 State Rt 55 Ferndale NY 12734		Surgeon: Dr BJ Portel	Assistant:	
HOME NUMBER: 798-0569	CELL NUMBER:	CPT CODE: 45378	ICD-10 CODE: K62.5	PRE-CERT #:
PROCEDURE DATE: 2-18-21		PROCEDURE LENGTH:	PROCEDURE ORDER FOR CONSENT:	
Colonoscopy		Call for MEPS appt		

It + family member taking med transport - will need time 3 days in advance.

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

☐ 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

Physical 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

☐ T & S # OF UNITS ☐ CBC ☐ BMP/CMP ☐ PT/INR ☐ PTT ☐ MSSA/MRSA screen culture ☐ U/A ☐ 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 Tyrica, Codeine, augmentin

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: [Signature] TIME: DATE: 2-12-20

STAFF SIGNATURE/PRINTED NAME: [Signature] TIME: DATE: 2-12-20



* needs time in advance due to med transport