Crystal Run Healthcare
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FAX COVER SHEET

To: ORMC In Bound

From: Erin McDonnell-Benjamin

Company:

To Fax Number: 8453331041

Fax Reference ID: emc5E566DF1EE53

Date: 2/26/2020 1:08:58 PM

# of pages [incl. cover]: 2

Notes/Comments:

Surgery 3/6/2020-Dr. Hardcastle

From Fax Number:

Sender Mailing Address: 155 Crystal Run Road

Middletown, NY 10941

Rescheduled to 3/6/20 EMB 12/30/19

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: John Cooper	DOB 5/23/51 SEX M	Diagnosis: Primary Osteoarthritis Right Hip
ADDRESS: PO Box 53	Surgeon: J. Hardcastle, MD	Assistant: PA
Montgomery, NY 12549	CPT CODE 27130	ICD 10 CODE M16.1 (PRE-CERT #:
HOME NUMBER CELL NUMBER (845) 636-9856	INSURANCE CO. AARP Medicare Complete	INSURANCE ID NUMBER 924154420
3/6/20 PROCEDURE DATE: ~~11/25~~ PROCEDURE LENGTH: 90 min	☐ LEFT ☒ RIGHT	☐ BILATERAL ☐ TRIAL PRODUCT
PROCEDURE ORDER FOR CONSENT: Right Total hip arthroplasty		

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

TYPE OF ADMISSION: X ORMC ☐ POB ☐ OBS ☐ SDS ~~X~~ 23hr X 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 Attached SPECIAL EQUIPMENT Zimmer Avenir

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

PRE-SURGICAL TESTING APPOINTMENT May we leave a message? ☐ Yes ☐ No PRIMARY DOCTOR V. Andrea, MD

☒ PST MEPS being done at ☐ ORMC ☐ ORHC ☐ MEPS Consultation by Dr. Diagnosis CORONARY NO Stents pacemaker is Cardio Stents. AFib.

☐ 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 Plavix coumadin HISTORY SLEEP APNEA ☐ Yes ☒ No

PRE-SURGICAL MEDICAL EVALUATION

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

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

PRE-SURGICAL TESTING ORDERS X OTHER HbA1C

X T & S only #OF UNITS X CBC X BMP CMP PT INR PTT X MSSA/MRSA screen culture ☐ U/A X 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

X 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

X 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 X Intraop Venodyne ☐ Intraop Foley ☐ Additional Orders

ALLERGIES ☐ None Known ☐ LATEX ☐ METAL ☐ OTHER PCN – Hives

ALLERGIC REACTION

MEDICATIONS PREOPERATIVELY FOR ERAS Patients ☑ follow ERAS medication order protocol

☑ FOR TOTAL JOINT Patients follow Total Joint Protocol ☒ Cefazolin (Ancef) 2 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: J. Hardcastle, MD TIME: 210 p DATE: 11/6/19

STAFF SIGNATURE/PRINTED NAME: E-M McDonnell-Benjamin TIME: 2:10 pm DATE: 11/6/19

For McDonnell-Benjamin x 3587