

ORANGE REGIONAL MEDICAL CENTER SURGICAL BOOKING AND PERIOPERATIVE ORDERS SHEET		Completed form must be faxed to the IRMC Scheduling Office, Inbound 845-333-1041.		Patient Label	
PATIENT NAME: <u>Joan Norris</u>		DOB: <u>1/16/35</u>	SEX: <u>F</u>	Diagnosis: <u>Primary Osteoarthritis Left knee</u>	
ADDRESS: <u>67 Willie Ave</u>		Surgeon: <u>J. Hardcastle MD</u>		Assistant: <u>PA</u>	
<u>Liberty NY 12754</u>		CPT CODE <u>27447</u>	ICD10 CODE <u>M71.12</u>	PRE-CERT #	
HOME NUMBER <u>292-5527</u>	CELL NUMBER	INSURANCE CO. <u>Medicare - Empire</u>	INSURANCE ID NUMBER <u>9R01-EK4-RC7/870126790</u>		
PROCEDURE DATE <u>2/28/20</u> PROCEDURE LENGTH <u>90 min</u>		<input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL <input type="checkbox"/> TOTAL PRODUCT			
PROCEDURE ORDER FOR CONSENT: <u>Left Total knee arthroplasty</u>					

IS PATIENT BEING SCHEDULED FOR BLOODLESS SURGERY? ☐ YES ☐ NO

PATIENT IS ERAS ☒ YES ☐ NO

TYPE OF ADMISSION: ☒ X ORMC ☐ ROB ☐ OBS ☐ SDS ☐ 24hr. ☐ INPATIENT ☐ ENDOSC

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 ☐ A&D VENDOR ☐ SPECIAL EQUIPMENT Person

☐ 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 MEET being deferred ☒ ORMC ☐ ERIC ☐ EPSC Consultation by Dr. Diagnosis Required

☐ 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

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

☐ Medical Cardiac Consultation by Dr. Sheela 2/3 Anesthesia Consultation Requested ☐ Yes ☐ No

PRE-SURGICAL TESTING ORDERS ☒ OTHER HbA1C

☒ T & S only # OF UNITS X CBC ☒ X BMP ☐ PT INR ☐ PTT ☒ X MSSA / MSA green 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 & Rehab as indicated

PERIOPERATIVE 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 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 PCN

ALLERGIC REACTION

MEDICATIONS PREOPERATIVELY

FOR ERAS Patients ☒ follow ERAS medication order protocol

☒ FOR TOTAL JOINT Patients follow Total Joint Protocol 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: 11:20 am DATE: 1/7/2020

STAFF SIGNATURE / PRINTED NAME: Paula Yonke 703-3582 TIME: 11:20 am DATE: 1/7/2020

