

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: Debra A. Lvaca		DOB: 050663	SEX: F	Diagnosis: Screening	
ADDRESS: 3 Manor Dr Washingtonville		Surgeon: John Podeszwa, MD CPT CODE 45378 45380 45385		Assistant:	
HOME NUMBER	CELL NUMBER 821-1640	INSURANCE CO. UHC	ICD 10 CODE Z12.11	PRE-CERT #:	
PROCEDURE DATE 021220		PROCEDURE LENGTH	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL	<input type="checkbox"/> TRIAL PRODUCT	
PROCEDURE ORDER FOR CONSENT:					
colon					

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 M A. 232

☐ 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

☐ 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 penicillin

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: John Podeszwa, MD TIME: 4:55 DATE: 02 03 2020

STAFF SIGNATURE/PRINTED NAME: Debra Lvaca TIME: 4:55 DATE: 02 03 2020

