

Amended MRSA SWAB ordered 2/14/2020

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: Anthony Falanga		DOB: 7/5/62	SEX: M	Diagnosis: Primary Osteoarthritis Hip	
ADDRESS: 5 Prospect St Otisville NY 10963		Surgeon: TRAPP		Assistant: C. CASSIDY, PA-C	
HOME NUMBER Cell #4 914 490-0119		CELL NUMBER Wife 914 760-6803		CPT CODE 27130	ICD-10 CODE M16.12
INSURANCE CO. Oxford & Empire Plan		INSURANCE ID NUMBER 1371335701/890267828			
PROCEDURE DATE: 3/3/20		PROCEDURE LENGTH: 90 min		PROCEDURE ORDER FOR CONSENT:	
Left Total hip arthroplasty					

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

TYPE OF ADMISSION: ☒ ORMC ☐ POB ☐ OBS ☐ SDS ☐ 24hr. ☒ 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 Microport 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 Rand LAY

☒ PRE-TESTS being done at ☐ ORMC ☒ ORHC ☐ MEPS Consultation by Dr. Rand LAY 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 HbA1C (HgA1C) Labs & EKG @ ORMC 1/31/2020

☒ T&S only # OF UNITS: _____ ☒ CBO ☒ CMP ☒ PT/INR ☒ PTT ☒ MSSA/MRSA screen culture ☐ UA ☒ EKG ☐ CXRAY ☐ C-SPINE

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

PERIOPERATIVE ORDERS FOR ERAS PATIENTS ☒ follow ERAS protocol FOR PATIENTS WITH DIABETES ☒ follow Perioperative Insulin Protocol Offer Sp1

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

☐ KUB X-Ray upon arrival to Pre-Op ☒ Intraop. Vasoactive ☐ 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) 2 gm IV ☐ Surgeon reviewed PCN allergy - bandit outwashes, risk

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

☐ Levofloxacin _____ mg IV or PO (ORAL ONE) PEDIATRIC DOSING ONLY Mark IV

Additional Pre-operative orders _____

PHYSICIAN SIGNATURE/PRINTED NAME: [Signature] K. Trapp, MD TIME: 11:30 AM DATE: 2/6/2020

STAFF SIGNATURE/PRINTED NAME: [Signature] TIME: 11:30 AM DATE: 2/6/2020

