



**HSHS**  
**St. John's**  
**Hospital**

## SURGERY SCHEDULING/ PHYSICIAN ORDER

**Main & OSC**  
217-757-6060 Phone  
Fax all preadmission information  
to 217-757-6018

**Cardiac Surgery**  
1-866-466-8707 (press 1) Phone  
217-544-6464, ext. 50501 Local Phone  
Fax all preadmission information  
to 217-757-6008

**Surgery Suites**  
217-544-6464, ext. 50300 Phone  
Fax all preadmission information  
to 217-757-6494

Tracking # \_\_\_\_\_ Issued by \_\_\_\_\_

Procedure date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient status: ☐ Outpatient ☐ AM admission (IP)

Surgeon: \_\_\_\_\_ Length of procedure: \_\_\_\_\_ hrs

Time: \_\_\_\_\_ TF: \_\_\_\_\_

Procedure(s) / consent for: \_\_\_\_\_

☐ Bilateral

☐ Left

☐ Right

☐ Levels

CPT Code: \_\_\_\_\_

Positioning: \_\_\_\_\_ OR table: \_\_\_\_\_

Supplies/System/Equipment requests: \_\_\_\_\_

Rep. notified: ☐ Yes ☐ No ☐ N/A

Anesthesia type: ☐ General ☐ Local ☐ Monitored anesthesia care ☐ Bier Block ☐ Spinal/Epidural ☐ Anesthesia choice

☐ Post-op pain block requested by surgeon

Post-op level of care: ☐ General ☐ IMC ☐ ICU

Patient name: \_\_\_\_\_ ☐ Male ☐ Female  
(First) (MI) (Last)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone# : \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Precert #: \_\_\_\_\_

If Medicare/Medicaid, length of stay: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ BMI: \_\_\_\_\_

Allergies/Adverse reactions: \_\_\_\_\_

Films to be brought by: ☐ Physician ☐ Nurse ☐ Resident ☐ Patient

Physician for H&P: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospitalist Service: ☐ HSHS ☐ SIU ☐ Springfield Clinic Reason: \_\_\_\_\_

Cardiologist: \_\_\_\_\_ Phone: \_\_\_\_\_

Pre-op diagnosis \_\_\_\_\_ ICD-10 code: \_\_\_\_\_

### ADMIT ORDERS:

Pre-Op Antibiotics \_\_\_\_\_ ☐ On call to OR ☐ None

☐ NPO p midnight ☐ CHG wipes

Order set to be used: \_\_\_\_\_ Pre-Op order set to be used: \_\_\_\_\_

**Hold ACE inhibitors 24 hrs prior to surgery.**

**Beta Blockers: Instruct patient to take beta blockers as prescribed day of surgery.**

**FAX ALL PRE-ADM. ORDERS, H&P, CONSENTS AND TESTING RESULTS WITH THIS FORM.**

### PRE-OP TESTING

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Anesthesia Protocol  |                                    |
| <input type="checkbox"/> EKG  | <input type="checkbox"/> PT/INR    |
| <input type="checkbox"/> Chest X-ray  | <input type="checkbox"/> PTT       |
| <input type="checkbox"/> CBC w/diff   | <input type="checkbox"/> U/A       |
| <input type="checkbox"/> BMP  | <input type="checkbox"/> Urine C&S |
| <input type="checkbox"/> CMP  | <input type="checkbox"/> UHCG      |
| <input type="checkbox"/> MG   |                                    |
| <input type="checkbox"/> Nasal swab for MRSA within 14 days                               |                                    |
| <input type="checkbox"/> Type & screen (if antibodies present, proceed to a Type & Cross) |                                    |
| <input type="checkbox"/> Type & cross _____ units within 14 days                          |                                    |
| <input type="checkbox"/> Other: _____   |                                    |

Testing location: \_\_\_\_\_

### Office Task List

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Scheduler                              | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Vascular Lab, Nuc Med, EEG, Needle loc |                                    |

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



Patient name: \_\_\_\_\_  
First MI Last

**DAY OF SURGERY PRE-OPERATIVELY ANTIBIOTIC ORDERS:**

- \_\_\_\_\_ cefazolin (ANCEF®) 2 Gm IVPB once within 1 hr prior to surgical incision if Pt. wt less than 120 Kg. **Administer only if Pt. is not allergic to penicillin/cephalosporin drug family.** Do not give to revision cases until surgeon approves order.
- \_\_\_\_\_ cefazolin (ANCEF®) 3 Gm IVPB once within 1 hr prior to surgical incision if Pt. wt greater than 120 Kg. **Administer only if Pt is not allergic to penicillin/cephalosporin drug family.** Do not give to revision cases until surgeon approves order.
- \_\_\_\_\_ clindamycin phosphate 900 mg IVPB once within 1 hr prior to surgical incision. **If patient allergic to penicillin/cephalosporin drug family.** Do not give to revision cases until surgeon approves order.
- \_\_\_\_\_ vancomycin hydrochloride 15 mg/Kg, IVPB once within 2 hrs prior to surgical incision, maximum dose of 2000 mg
- Reason for vancomycin:
- \_\_\_\_\_ Beta-lactam (penicillin or cephalosporin) allergy
- \_\_\_\_\_ Documented MRSA colonization

**DAY OF SURGERY PRE-OPERATIVE MEDICATION ORDERS:**

- \_\_\_\_\_ celecoxib (CELEBREX®) 200 mg Po with sip of water; if Pt. allergic to sulfa, give meloxicam (MOBIC®) 7.5 mg Po with sip of water; St. John's pain protocol recommended
- \_\_\_\_\_ acetaminophen (TYLENOL®) 1000 mg Po with sip of water; St. John's pain protocol recommended
- \_\_\_\_\_ dexamethasone 10 mg IV push x1 dose; St. John's pain protocol recommended
- \_\_\_\_\_ tramadol hydrochloride (ULTRAM®) 100 mg Po with sip of water
- \_\_\_\_\_ oxycodone hydrochloride (OXYCONTIN®) 10 mg Po with sip of water (Pt. greater than 65 and no Hx of sleep apnea)
- \_\_\_\_\_ oxycodone hydrochloride (OXYCONTIN®) 20 mg Po with sip of water (Pt. less than 65 and no Hx of sleep apnea)
- \_\_\_\_\_ gabapentin (NEURONTIN®) 300 mg Po with sip of water
- \_\_\_\_\_ aprepitant (EMEND®) 40 mg Po with sip of water
- \_\_\_\_\_ ondansetron (ZOFTRAN®) 4 mg IV push on call to OR
- \_\_\_\_\_ tranexamic acid (TXA) 1 gm IV in 50 mL sodium chloride 0.9% **IVPB** on call to OR. Administer 30 minutes prior to incision
- \_\_\_\_\_ tranexamic acid (TXA) 1 gm IV in 50 mL sodium chloride 0.9%. On call to OR, to be applied **topically** to incision during operative procedure, if patient has history of stroke, DVT, stent
- \_\_\_\_\_ bactroban nasal (for MRSA [+] swab) one application to each nare b.i.d. x 5 days

**Beta Blockers:** Instruct patient to take beta blockers as prescribed day of surgery.

Key: TF = to follow	MRO = Multi-resistant organisms
loc = localization	VRE = vancomycin-resistant enterococci
	Nuc Med = Nuclear Medicine
	SSEP – Somatosensory Evoked Potential

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PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**SURGERY SCHEDULING/PHYSICIAN ORDER**

