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| **Location** |
| ☐ Boise Surgery  **Fax: 208-381-3060** | ☐ Boise COU  **Fax: 208-381-3567** | ☐ Surgery Center Boise  **Fax: 208-381-3209** | ☐ Surgery Center Meridian  **Fax: 208-706-8102** |
| ☐ Boise Endo  **Fax: 208-381-2135** | ☐ Meridian Endo  **Fax: 208-706-5015** | ☐ Meridian Surgery  **Fax: 208-706-2178** | ☐ Wood River OR/Endo  **Fax: 208-727-8634** |
| ☐ OSC – River Street  **Fax: 208-336-1954** |  | ☐ Magic Valley  **Fax: 208-814-2921** | ☐ Elmore  **Fax:** **208-580-9808** |
| ☐ Jerome  **Fax:** **208-324-7301** | ☐ McCall  **Fax:** **208-634-3818** | ☐ Nampa  **Fax: 208-205-7486** |  |
| **Patient Name (First, middle initial and last):**   **Date of Birth:**  **Phone Number:**  **Case Number:**  **Date of Surgery:**  **Provider Name:**  **Weight:** kg **Height:** cm **Diagnosis:** ☐ Interpretation Services; Language: **Allergies:**   |

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| **Enhanced Surgical Pathway (Questions are required)** |
| **Is this an ERAS patient?** |
| ☐ Yes-This patient will follow a pathway for enhanced recovery after surgery (ERAS). The provider has given ERAS education to the patient.  | ☐ No |
| ☐ NA-Emergent surgery, no ERAS education provided |
| **Anticipated Discharge – Where do you plan for this patient to be discharged from?**  |
| ☐ Same Day – Discharge From Floor  | ☐ Same Day – Discharge From PACU |
| ☐ Post-Op Day 1 | ☐ Unknown |
| **ERAS Diet Instructions** |
| ☐ Ensure Pre-Surgery Drink | ☐ Regular Sports Drink | ☐ Reduced Sugar Sports Drink | ☐ Other: |
| **ERAS Bathing Instructions** |
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| ☐ Chlorhexidine soap for showering | ☐ Personal soap for showering |

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| **Ancillary Referrals (Pre-Admission Testing)**  |
| ☐ PAT Phone Call☐ Pre Admission Testing (PAT) Appointment Request ☐ Ambulatory Referral to Perioperative Medicine (Clinics – please complete Perioperative Medicine Consult Request Form, located at [www.stlukesonline.org/for-providers](http://www.stlukesonline.org/for-providers%20)  > Transferring and Referral) |
| **Preadmission Testing ☐ N/A** |
| ☐ CBC | ☐ MRSA and SA Screen by PCR |
| ☐ APTT | ☐ COVID-19 Asymptomatic/Pre-procedure Screening ☐ Priority 1 ☐ Priority 2 |
| ☐ Protime-INR  | ☐ Type & Screen + ABOCAP if not filed in EHR |
| ☐ Basic Metabolic Panel | ☐ XR chest 2 view  |
| ☐ Comprehensive Metabolic Panel  | ☐ ECG 12 lead (obtain if no ECG results within 6 months) |
| ☐ Glycohemoglobin A1C | ☐ Other: |
| ☐ Hepatic Function Panel  |  |
| ☐ Urinalysis w/ C&S if indicated |  |
| **Admission (Pre-Op)** |
| ☐ Admit to Inpatient ☐ Hospital Outpatient Surgery or Procedure (no bed) ☐ Hospital Outpatient Surgery or Procedure (with bed) |
| **Telemetry:** ☐ No Telemetry ☐ Tele Unit ☐ Satellite Tele |
| **Patient Name (First, middle initial and last): DOB:**  |
| **Code Status (Pre-Op)**  |
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| ☐ Full Code  | ☐ Modified code  | ☐ DNR/DNI |

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| **Diet (Pre-Op)** |
| ☒ Adult NPO Diet, sips with meds | ☐ Other:  |
| **Nursing (Pre-Op)**  |
| ☐ Clip and Prep Surgical Site  | ☐ Insert Indwelling Urinary Catheter  Reason: Pre-Surgery/Pre-Procedure  |
| ☐ Verify Informed Consent (exact wording for surgery consent):   |
| **Labs (Pre-Op / Day of Surgery) ☐ N/A** |
| ☐ CBC  | ☐ Comprehensive Metabolic Panel  | ☐ COVID-19  |
| ☐ APTT  | ☐ Glycohemoglobin A1C | ☒ POCT blood glucose (Day of Surgery) |  |
| ☐ Protime-INR  | ☐ Urinalysis w/C&S if Indicated | ☒ POCT urine pregnancy (Females age 12-55) |
| ☐ Basic Metabolic Panel  | ☐ MRSA and SA Screen by PCR nasal only  |  |
| ☐ Other:  |  |
| **Blood Bank Tests and Products (Pre-Op)** |
| ☐Type and Screen + ABOCAP if not filed in EHR\*If preparing blood for a planned surgery, a Type and Screen needs to be resulted within 72 hours of product administration\* |
| ☐ | Prepare RBC (Full Unit) ☐ 1 unit ☐ 2 units☐ Adult or Pediatric greater than 40 kg ☐ Pediatric less than 40 kg | ☒ Indications: Surgical Blood Product SupplyRequest for special products: ☐ CMV Negative ☐ Irradiated |
|  | Add’l Considerations: ☐ Crossmatch ☐ Emergent/Uncrossmatched |  Donor source: ☒ Bank Units ☐ Directed Donor ☐ Autologous |
| **Imaging (Pre-Op / Day of Surgery) ☐ N/A** |
| ☐ | XR chest 2 view  | ☐ Other:  |
| **Procedures and Other Tests (Pre-Op) ☐ N/A** |
| ☐ | ECG 12 lead (obtain if no ECG results within 30 days) | ☐ ECG 12 lead (obtain if no ECG results within 6 months)  |
| ☐ | Other:  |
| **Specialty Consults (Pre-Op) ☐ N/A** |
| ☐ IP Consult to HospitalistsReason for referral:  | ☐ IP Consult to Internal Medicine Reason for referral:  |  |
| **DVT/VTE Prophylaxis (pre-Op) Caprini & Universal**  |
| **Caprini Low (1-4) High (5-+)** |
| ☐ Sequential Compression Device | ☐ No VTE Prophylaxis (Low Risk) | ☐ No Pharmacological VTE Prophylaxis -Reason for not Ordering  |
| ☐ No Mechanical VTE Prophylaxis Reason for not Ordering  | ☐ No VTE Prophylaxis Anticoagulation Therapy Already Ordered | ☐ No VTE Prophylaxis-Patient Refused |
| ☐ Consult to Pharmacy- Adjust medications for Renal Function |  |
| **Low / High Risk**  |
| **High Risk:** ☐ Consult to Pharmacy-Other Pediatric prophylactic Enoxaparin dosing | ☐ Heparin 5000 Units SQ, Once 2 hours prior to procedure | ☐ Enoxaparin 40mg SQ, Once, 2 hours prior to procedure |

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| **Patient Name (First, middle initial and last): DOB:** **PROVIDER INITIALS:**  |
| **Universal**  |  |  |
| ☐ Sequential Compression Device | ☐ No VTE Prophylaxis (Low Risk) | ☐ No Pharmacological VTE Prophylaxis -Reason for not Ordering  |
| ☐ No Mechanical VTE Prophylaxis Reason for not Ordering  | ☐ No VTE Prophylaxis Anticoagulation Therapy Already Ordered | ☐ No VTE Prophylaxis-Patient Refused |
| ☐ Consult to Pharmacy- Adjust medications for Renal Function |  |
| **Moderate/High Risk** |
| ☐ Consult to Pharmacy-Other Pediatric prophylactic Enoxaparin dosing | ☐ Heparin 5000 Units SQ, Once | ☐ Heparin 7500 Units SQ, Once (BMI Greater than 50) |
| ☐ Enoxaparin 30mg (BMI Less than 50) SQ, Once | ☐ Enoxaparin 40mg (BMI greater than 50) SQ, Once |  |
| **IV (Pre-Op)**  |
| ☒ Initiate IV protocol - Adult | ☒ lactated ringers infusion at 25 mL/hr |
| ☒ Local Anesthetics ☒ Sodium Chloride bacteriostatic 0.9% injection 0.1mL  ☒Norflurane- pentafluoropropane (Pain Ease) topical spray 1 spray | ☐ Insert 2nd peripheral IV ☒ Sodium chloride 0.9% infusion at 25 mL/hr  |
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| **Antibiotics (Pre-Op) ☐ N/A** |
| ☐ ceFAZolin (ANCEF) IVPB 2 g x 1 dose; one hour prior to incision time | ☐ levofloxacin (LEVAQUIN) IV 500 mg x 1 dose; one hour prior to incision time |
| ☐ ceFAZolin (ANCEF) IVPB 3 g x 1 dose; one hour prior to incision time |  |
| ☐ ceftriaxone (ROCEPHIN) IV 2,000 mg x 1 dose; one hour prior to incision time | ☐ metronidazole (FLAGYL) IVPB 500 mg x 1 dose; one hour prior to incision time |
| ☐ clindamycin (CLEOCIN) IVPB 900 mg x 1 dose; one hour prior to incision time | ☐ cefoTEtan (CEFOTAN) IVPB 2 g x 1 dose; one hour prior to incision time |
| ☐ piperacillin-tazobactam (ZOSYN) IVPB 3.375 g x 1 dose; one hour prior to incision time, administer over 30 Minutes | ☐ vancomycin (VANCOCIN) IVPB 15 mg/kg x 1 dose; two hours prior to incision time |
| ☐ ampicillin-sulbactam (UNASYN) IVPB 3 g x 1 dose; one hour prior to incision time | ☐ Other:  |
| **Multimodality Medications – These are multimodality medications to be administered in preop if not already prescribed and taken at home.** |
| ☐ celebrex (celeBREX) capsule, PO, once prior to surgery ☐ 100 mg ☐ 200 mg |
| ☐ Ibuprofen (ADVIL, MOTRIN) PO, once prior to surgery ☐ 200 mg ☐ 400 mg ☐ 600 mg ☐ 800 mg |
| ☐ alvimopan (ENTEREG) PO, once prior to surgery ☐ 12 mg |
| ☐ acetaminophen (TYLENOL) PO, once prior to surgery ☐ 250 mg ☐ 500 mg ☐ 1000 mg |
| **TAP Block** |
|  ☐ TAP Block: bupivacaine liposome (EXAPREL) 200 mL☐ TAP Block: Dual Syringes (Anesthesia Administered) EXPAREL + bupivacaine 0.25%/Epinephrine dual syringes |
| ☐ Fascial Plane block, Breast surgery block (Exparel) - for pectoral, intercostal, and long thoracic nerve block for mastectomy with or without immediate concurrent breast reconstruction and axillary node dissection. |
| **Adult Infusion Ball** |
| BoiseSurgery Location | ☐ Single Lumen  | ☐ Fixed Rate 2 mL/hr ☐ Select a flow \_\_\_mL/hr | ☐ ropivacaine 2 mg/mL, surgical subcutaneous, continuous ☐ bupivacaine 0.5%, surgical subcutaneous, continuous |
| ☐ Dual Lumen | ☐ Fixed Rate 4 mL/hr ☐ Select a flow \_\_\_mL/hr | ☐ ropivacaine2 mg/mL, surgical subcutaneous, continuous ☐ bupivacaine 0.5%, surgical subcutaneous, continuous |
| Meridian Surgery Location | ☐ Single Lumen  | ☐ Fixed Rate 2 mL/hr  | ☐ ropivacaine 2 mg/mL, surgical subcutaneous, continuous ☐ bupivacaine 0.5%, surgical subcutaneous, continuous |
| ☐ Select a flow \_\_\_mL/hr | ☐ ropivacaine 2 mg/mL, surgical subcutaneous, continuous  |
| Magic Valley Surgery Location | ☐ Single Lumen  | ☐ Fixed Rate 2 mL/hr  | ☐ bupivacaine 0.5%, surgical subcutaneous, continuous |
| ☐ Select a flow \_\_\_mL/hr | ☐ ropivacaine 2 mg/mL, surgical subcutaneous, continuous |
| ☐ Dual Lumen | ☐ Fixed Rate 4 mL/hr | ☐ bupivacaine 0.5%, surgical subcutaneous, continuous |
| **Patient Name (First, middle initial and last):**  | **DOB:**  |
| **Antiemetic (Pre-op) ☐ N/A** |  |
| ☐ fosaprepitant (EMEND) Injection 150 mg x 1 dose | ☐ famotidine (PEPCID) IV 20 mg x 1 dose |
| ☐ pantoprazole (PROTONIX) IV 40 mg x 1 dose | ☐ ondansetron (ZOFRAN) IV 8 mg x 1 dose |
| ☐ metoclopramide injection 10 mg x 1 dose |  |
| **Anesthesia ☐ N/A** |
| ☐ Bier Block | ☐ N/A (No Anesthesia resource involved)  |
| ☐ Epidural | ☐ Regional Block |
| ☐ General | ☐ SAB |
| ☐ Local with Conscious Sedation (No Anesthesia Resource involved) | ☐ TBD by Anesthesia |
| ☐ Local with NO Sedation (No Anesthesia Resource involved) | ☐ TIVA |
| ☐ MAC |
| **Type of Optional Post-Op Analgesia ☐ N/A** Type of Optional Post-op analgesia requested to be completed by an Anesthesia provider. Anesthesia to perform block due to treatment technique beyond the experience of the operating physician.**\*Indicate laterality if appliable**  |
| ☐ Adductor canal  ☐ Right ☐ Left | ☐ Bier Block ☐ Right ☐ Left | ☐ Epidural | ☐ Fascia Iliaca ☐ Right ☐ Left  |
| ☐ Femoral  ☐ Right ☐ Left | ☐ Interscalene ☐ Right ☐ Left | ☐ Lower extremity ☐ Right ☐ Left | ☐ Spinal with Morphine  |
| ☐ Non specified Brachial plexus block  ☐ Right ☐ Left  | ☐ Paravertebral ☐ Right ☐ Left | ☐ Peripheral nerve catheter ☐ Right ☐ Left | ☐Popliteal ☐ Right ☐ Left  |
| ☐ Rectus Sheath ☐ Right ☐ Left | ☐ Saphenous ☐ Right ☐ Left | ☐ Sciatic ☐ Right ☐ Left | ☐ No Nerve Block  |
| ☐ Transverse Abdominis Plane  ☐ Right ☐ Left | ☐ Upper extremity ☐ Right ☐ Left | ☐ Caudal  | ☐ Other:  ☐ Right ☐ Left  |
| **\*Is there a secondary block?** **\*Indicate laterality if applicable**  |
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| ☐ Adductor canal ☐ Right ☐ Left | ☐ Bier Block ☐ Right ☐ Left | ☐ Epidural | ☐ Fascia Iliaca ☐ Right ☐ Left  |
| ☐ Femoral ☐ Right ☐ Left | ☐ Interscalene ☐ Right ☐ Left | ☐ Lower extremity ☐ Right ☐ Left | ☐ Spinal with Morphine  |
| ☐ Non specified Brachial plexus block  ☐ Right ☐ Left  | ☐ Paravertebral ☐ Right ☐ Left | ☐ Peripheral nerve catheter ☐ Right ☐ Left | ☐ Popliteal ☐ Right ☐ Left  |
| ☐ Rectus Sheath ☐ Right ☐ Left | ☐ Saphenous ☐ Right ☐ Left | ☐ Sciatic ☐ Right ☐ Left | ☐ No Nerve Block  |
| ☐ Transverse Abdominis Plane  ☐ Right ☐ Left | ☐ Upper extremity ☐ Right ☐ Left | ☐ Caudal  | ☐ Other: ☐ Right ☐ Left  |

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| **Additional Orders (any medication orders must include medication, dose, route, and phase of care) ☐ N/A** |
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| **PROVIDER SIGNATURE: DATE: TIME:** |