

REGIONAL MEDICAL CENTER

ALLERGIES _____

DATE/ TIME	PRE-OP HIP or KNEE ARTHROPLASTY ORDERS	INITIALS
	<p>ALLERGIES</p> <p><input type="checkbox"/> NKDA</p> <p><input type="checkbox"/> Penicillin – Specify reaction _____</p> <p><input type="checkbox"/> Other – Specify drug and reaction _____</p> <p>LABS & TESTS: PRE-OP</p> <p><input type="checkbox"/> Blood sugar – fingerstick (on arrival to SDS). If blood sugar greater than _____, notify physician</p> <p>TREATMENTS</p> <p><input type="checkbox"/> NPO after midnight</p> <p><input type="checkbox"/> Sequential compression boots and thigh high Teds (non-operative leg)</p> <p><input type="checkbox"/> Medical consult on chart. Co-morbidities documented pre-surgery</p> <p><input type="checkbox"/> H&P, consent in chart</p> <p>PRE-OP PREP</p> <p><input type="checkbox"/> Clip operative site per protocol</p> <p><input type="checkbox"/> Apply SAGE® 2% chlorhexidine gluconate cloth per direction (3-minute scrub back/forth) To be done in SDS/Pre-Op Holding</p> <p>MEDS</p> <p>One hour prior to surgery:</p> <p><input type="checkbox"/> Scopolamine (Transderm Scop) 1.5 mg patch apply behind the ear</p> <p><input type="checkbox"/> Ondansetron (ZOFTRAN) 4mg IV</p> <p><input type="checkbox"/> Oxycodone (OXYCONTIN) 10mg PO</p> <p><input type="checkbox"/> Celecoxib (CELEBREX) 400mg PO</p> <p><input type="checkbox"/> Acetaminophen (TYLENOL) 1,000mg PO</p> <p><input type="checkbox"/> Pantoprazole (PROTONIX) 40mg PO</p> <p><input type="checkbox"/> Lactated Ringers 500mL bolus IV</p> <p><input type="checkbox"/> Lactated Ringers IV per Anesthesia Guideline for Main OR</p> <p>Pre-Op antibiotic: (to be administered by Anesthesia prior to incision)</p> <p><input type="checkbox"/> Cefuroxime (ZINACEF) 1.5gm IV</p> <p><input type="checkbox"/> Cefazolin (ANCEF) 1gm IV</p> <p><input type="checkbox"/> Cefazolin (ANCEF) 2gm IV (for patients weighing > 100kg)</p> <p><input type="checkbox"/> Clindamycin (CLEOCIN) 600mg IV (for anaphylaxis to penicillin)</p> <p><input type="checkbox"/> Clindamycin (CLEOCIN) 900mg IV (for patients weighing > 100kg and anaphylaxis to penicillin)</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: right;">Physician Signature _____</p>	



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