

Hospitalize as:  Outpatient (SDS)  Outpatient (Ext) Overnight < 24 hours  Inpatient (AM Admit) Overnight > 24 hours  Inpatient  
 Care of Dr. \_\_\_\_\_

Patient Name		Date of Procedure		Hospitalization Date			
DOB	Home Phone	Work Phone	If patient is a minor, name a parent				
Surgeon		Assistant	Primary Care Physician				
Procedure							
Diagnosis			Discharge Planning Consults <input type="checkbox"/> P.T. _____ % WT bearing <input type="checkbox"/> Case Management Eval <input type="checkbox"/> PT Eval <input type="checkbox"/> OT Eval				
Co-morbidities <input type="checkbox"/> Medical Co-Management ordered <input type="checkbox"/> Anesthesia Consult ordered			Special Instructions				
Pre-op Visit with Surgeon	Date		Surgeon Ordered	Anesthesia Ordered	Obtained (Initial)	Lab Drawn (Initial)	Comments
Medical Eval by PCP	Date		Comp Metabolic Panel				
	Ordered/Sent	Obtained (Initial)	Electrolytes				
			CBC w/diff				
Surgical Consent			UA, C & S if indicated				
History and Physical			Type & Screen				
Notes			Type & Cross _____ Units				
			Autologous Donation _____ Units				
			APTT				
Lab studies done outside hospital or within last 6 months		Location	PT/INR				
	Lab		ESR (Sed Rate)				
	ECG		CPR (C Protien Reactive)				
	CXR		HCG Quantitative				
Anesthesia Questionnaire			MRSA/MSSA Nasal Screen for total joints and all spine procedures	✓			
Anesthesia Consent			Other				
PAT/PAS Notes			Interpreted ECG				
			Interpreted CXR				
Anesthesiologist Signature (if testing ordered)							

**PRE-OP Please check to activate each order desired:**

- Betadine nasal swabs on arrival for Total Joint and Spine Procedure patients
- Chlorhexidine Gluconate 2% skin prep protocol

Pre-op Antibiotics for: hardware removal, fracture fixation, arthroscopy, joint replacement, spine procedures, fusion or joint, all foot reconstructive procedures.  
 Give all pre-op antibiotics within 1 hour prior to surgical incision (unless otherwise noted).

Use the following if no Type 1 allergy to Penicillin (hives, angioedema or anaphylaxis) or any allergy to cephalosporins

- Cefazolin (Ancef): **NOTE: Consider adding Vancomycin to Cefazolin for pts at high risk for Methicillin-Resistant Staph aureus (MRSA)**
  - 2 grams IV if patient weight is less than 120 kg
  - 3 grams IV if patient weight is 120 kg or greater

If Type 1 allergy to Penicillin or any allergy to cephalosporins:

- Clindamycin 900 mg IV

--- OR --- Use Vancomycin instead of Clindamycin if at high risk for Methicillin-Resistant Staph aureus (MRSA):

- Vancomycin 15 mg/kg IV (Max 2 grams). Round up to nearest 250 mg. Start infusion 1-2 hours prior to incision. Dose may require 2 hour infusion time or longer. If in-patient, start on unit. Confirm start time with OR.
- Sequential Compression Device (SCD) to go with patient to OR. Single layer Spandagrip low level base of toes to knee (hip) or 1 inch above incision (knee) morning of post-op day 1.
- Ketorolac (Toradol) \_\_\_\_\_ mg IV  
 ---OR---
- Celecoxib (Celebrex) 400 mg PO with sip of water (unless allergic to Sulfa or NSAID's)
- Acetaminophen \_\_\_\_\_ mg PO with sip of water
- Gabapentin (Neurontin) 300 mg PO with sip of water
- Oxycodone immediate-release 10 mg PO with sip of water

**\*\* If using Tranexamic acid (TXA) dosing - See Page 2\*\***

Wentworth-Douglass Hospital  
 PHYSICIAN ORDERS  
**PRE-ADMISSION ORDERS -**  
**Total Joint/Orthopedic Same Day Surgery/AM Admit**



PO0020

6225-02MR  
 Rev. 01/09/18

● **Tranexamic Acid (TXA) dosing – Total Knee, Hip, or Spine Surgery (for ex: Spinal Fusion)**

**CONTRAINDICATIONS:**

*Check if contraindication exists:*

<b>DO NOT USE TXA at all if the patient has the following:</b>	
<input type="checkbox"/> Color blindness	<b>Time Frame: currently</b>

**\*\*\* IF above box is checked, STOP HERE. Do not order TXA. \*\*\***

*Check if contraindication exists:*

<b>DO NOT USE TXA VIA THE IV ROUTE if the patient has any of the following: (may use TOPICAL for Knee or Hip surgery ONLY, if IV TXA contraindicated)</b>	
<input type="checkbox"/> Hx of PE, DVT, MI/CVA, coronary or vascular stents	<b>Time Frame: Any time in the past</b>
<input type="checkbox"/> Hypercoagulable disorder	<b>Time Frame: Currently or any time in the past</b>

<b>DO NOT USE TOPICAL TXA for SPINE SURGERY</b>
---

**MEDICATIONS – "Check" to activate either IV or Topical TXA:**

- IV TXA:** Administer 1 GRAM IV over 15 minutes as follows:
  - 2 doses for serum creatinine less than 2.8 mg/dl: 1st dose (1gm) prior to incision, 2nd dose (1gm) at case closure
  - 1 dose for serum creatinine 2.8 – 5.6 mg/dl: administer 1 gm prior to incision
  - Avoid use for serum creatinine greater than 5.6 mg/dl

- Topical TXA:** *NOT approved for Spine Surgery*

**Joint Irrigation:** TXA 2 grams mixed in 50 ml 0.9% sodium chloride, applied topically to each cemented joint. Leave TXA in place for 5 minutes. Aspirate remaining fluid prior to wound closure.

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date/Time**

Wentworth–Douglass Hospital  
PHYSICIAN ORDERS  
**PRE–ADMISSION ORDERS –**  
**Total Joint/Orthopedic Same Day Surgery/AM Admit**



PO0020

6225–02MR  
Rev. 01/09/18