



Orthopedic Surgery PAS & Preoperative Orders

STAT

**PLEASE DO NOT USE THESE ABBREVIATIONS:**  
 U, IU, Q.D., Q.O.D., MS, MSO4, MgSO4, A.S., A.D., A.U.  
 Never write a zero by itself after a decimal point (X mg),  
 And always use a zero before a decimal point (0.X mg)

ADMIT:  Outpatient Surgery  AMA **H&P**  Dictated  Attached  
 Procedure: \_\_\_\_\_

**MEDICATIONS:**

1. Antibiotic Prophylaxis:

Cefazolin (Ancef) 2GM IV (Administer Pre-Op within 60 minutes before incision)

Clindamycin (Cleocin) 900mg IV if  $\beta$  Lactam Allergy (Administer Pre-Op within 60 minutes before incision)

Vancomycin 1 GM IV if MRSA colonization (Infusion must be started with 2 hours of incision)

Sub Acute Bacterial Endocarditis Prophylaxis:

Ampicillin 2 GM IV and Gentamicin 80 MG IV (Administer Pre-Op within 60 minutes before incision)

\_\_\_\_\_ if  $\beta$  Lactam Allergy

OTHER MEDICATONS: \_\_\_\_\_

VTE Prophylaxis:

Lovenox 40 mg SUB-Q preop or  Coumadin 5mg po

Heparin 5000 units SC preop (except for Hips/Knees Replacements)

TED Stockings Thigh High \_\_\_\_\_ Knee High \_\_\_\_\_  SCD  Foot Pumps

**DIAGNOSTICS:**

2.  Additional Testing Requested by Surgeon:

CBC  CMP  BMP  PT/PTT orderset  UA

Chest X-ray  EKG  Type and Screen \_\_\_\_\_ Units  Autologous

Urine Pregnancy Test

Other Labs: \_\_\_\_\_

**Other:**

Clip and Prep to \_\_\_\_\_

Medical Assessment/Optimization to be done by \_\_\_\_\_  Cardiac Assessment/Optimization to be done by \_\_\_\_\_

Read back and verify  Telephone order

Nurse Signature: \_\_\_\_\_ DATE : \_\_\_\_\_ TIME: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE	ALLERGIES (Food, drugs, etc.):	Type Reaction (signs and symptoms):	Height: _____ Weight: _____
			Pregnant? Yes No Breast Feeding? Yes No
			Pt. Label

\*If  does not apply, mark through.