|  |
| --- |
| **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 Floor  | [ ]  Same Day – Discharge From PACUSame Day – Discharge From PACU |
| [ ]  Post-Op Day 1Post-Op Day 1 | [ ]  UnknownUnknown |
| **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[ ]  Ambulatory Referral to Pre-Admission Testing Clinic[ ]  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 | [ ]  POCT Urine Pregnancy (Females age 12-55) |
| [ ]  APTT | [ ]  MRSA and SA Screen by PCR |
| [ ]  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 30 days) |
| [ ]  Glycohemoglobin A1C | [ ]  ECG 12 lead (obtain if no ECG results within 6 months) |
| [ ]  Hepatic Function Panel  | [ ]  COVID-19 Symptomatic [ ]  Priority 1 [ ]  Priority 2 |
| [ ]  Urinalysis w/C&S if indicated | [ ]  COVID-19 Asymptomatic/Pre-procedure Screening [ ]  Priority 1 [ ]  Priority 2 |
| [ ]  Other:  |
| **Admission (Pre-Op)****PROVIDER INITIALS:**  |
| [ ]  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)** |
| [x]  Adult NPO Diet, sips with meds | [ ]  Other:  |
|  |  |
|  |  |
| **Nursing (Pre-Op)**  |
| [x]  Sequential compression device [x]  Calf [ ]  Thigh | [ ]  Insert Indwelling Urinary Catheter  Reason: Pre-Surgery/Pre-Procedure  |
| [ ]  Clip and Prep Surgical Site  |  |
| [ ]  Verify Informed Consent (exact wording for surgery consent):   |
| **Labs (Pre-Op / Day of Surgery)** [ ]  **N/A** |
| [ ]  CBC  | [ ]  Comprehensive Metabolic Panel  | [ ]  MRSA and SA Screen by PCR nasal only  |
| [ ]  APTT  | [ ]  Glycohemoglobin A1C | [x]  POCT blood glucose (Day of Surgery) |  |
| [ ]  Protime-INR  | [ ]  Urine HCG Screen  | [x]  POCT urine pregnancy (Females age 12-55) |
| [ ]  Basic Metabolic Panel  | [ ]  Urinalysis w/C&S if Indicated | [ ]  COVID-19 Symptomatic [ ]  Priority 1 [ ]  Priority 2 |
| [ ]  Other:  | [ ]  COVID-19 Asymptomatic/Pre-procedure Screening [ ]  Priority 1 [ ]  Priority 2 |
| **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 | [x]  Indications: Surgical Blood Product SupplyRequest for special products: [ ]  CMV Negative [ ]  Irradiated |
|  | Add’l Considerations: [ ]  Crossmatch [ ]  Emergent/Uncrossmatched |  Donor source: [x]  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:  |  |
| **Patient Name (First, middle initial and last): DOB:**  |
| **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 | [ ]  sodium chloride 0.9% infusion at 25 mL/hr  |
|  | [ ]  Insert 2nd peripheral IV |
| **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 |
| **Anticoagulants (Pre-Op)** [ ]  **N/A** |
| [ ]  Heparin subcutaneous injection 5,000 units x 1 dose  | [ ]  Heparin subcutaneous injection 7,500 units x 1 dose  |
| [ ]  Enoxaparin (Lovenox) subcutaneous injection 30 mg x 1 dose  | [ ]  Enoxaparin (Lovenox) subcutaneous injection 40 mg x 1 dose |

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| **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** |
| [ ]  Adductor canal | [ ]  Bier Block  | [ ]  Caudal | [ ]  Epidural | [ ]  Fascia Iliaca |
| [ ]  Femoral | [ ]  Interscalene | [ ]  Lower extremity | [ ]  No Nerve Block  |
| [ ]  Non specified Brachial plexus block  | [ ]  Paravertebral | [ ]  Peripheral nerve catheter | [ ]  Popliteal |
| [ ]  Rectus Sheath | [ ]  Saphenous | [ ]  Sciatic | [ ]  Spinal with Morphine  |
| [ ]  Transverse Abdominis Plane | [ ]  Upper extremity | [ ]  Other:  |
|  |
| **Additional Orders (any medication orders must include medication, dose, route, and phase of care)** [ ]  **N/A** |
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| **PROVIDER SIGNATURE: DATE: TIME:** |