Gynecology Pre-Surgery Orders

To be performed within 30 days, unless otherwise noted.
Fax to (513) 585-0169

Surgeon Name: _____
Phone: _____
Fax: _____

Patient Name : _____

Date of Birth : _____

Surgery confirmation # _____

Procedure Orders: _____

_____

WEIGHT (kg): _____ **ALLERGIES:** _____

Before Day of Surgery:

Preoperative consultation to evaluate for risk factors prior to surgery:

☐ Per PCP (may use PSOC NP if not available) ☐ Per Surgeon ☐ Per Hospitalist (for add-on/emergent cases only)
☐ H&P not required for local anesthesia cases

Labs: ☐ CBC ☐ PT/INR ☐ PTT ☐ Type & Screen ☐ CA-125 ☐ Basic Metabolic Panel (EP1) ☐ LIVP
☐ HGBa1c ☐ Prealbumin ☐ Urine Cotinine ☐ Missed Ab-If Blood Type Unknown: T&S for Group and Rh

Diagnostic Test/Imaging Studies: ☐ EKG ☐ Chest X-Ray PA & Lateral

Day of Surgery:

☐ **General/MAC/Regional Anesthesia Preop:**
Insert Peripheral IV (and saline lock if needed per Anesthesia)
Sodium Chloride 0.9% 1000 ml @ 125 ml/hr IV. (Reduce rate to 50 ml/hr if diagnosis of chronic renal failure)

☐ **Local Anesthesia with Sedation by Surgeon:**
Insert Peripheral IV
Sodium Chloride 0.9% 100 ml @ 125 ml/hr. (Reduced rate to 50 ml/hr if diagnosis of chronic renal failure)

☐ **Local Anesthesia**

Nursing Orders:

☒ Apply Mepilex pressure relief overlay to coccyx - *Required for surgery 4 hours or longer
☒ Complete R3656 fetal demise form prior to patient going to the operating room for surgery cases involving missed abortion, ectopic pregnancy, molar pregnancy and/or suction D&C for missed abortion.
☒ 2% chlorhexidine gluconate wash cloths to operative site-abdominal cases

☐ **Consult for Anesthesia:** Request for anesthesia to provide postoperative advanced pain management

VTE Mechanical Prophylaxis:

☐ Place SCD prior to induction of anesthesia ☐ Knee ☐ Thigh ☐ Right ☐ Left ☐ Bilateral
☐ No SCD needed-must give reason ☐ Already Anti-coagulated ☐ Bleeding Risk ☐ Active Bleeding ☐ Refused
☐ Comfort measure only ☐ Fall Risk ☐ Not indicated-low clinical risk

VTE Pharmacologic Prophylaxis:

☐ Heparin 5,000 units Subcutaneous X1 pre op
☐ No pharmacologic VTE-must give reason ☐ Already Anti -coagulated ☐ Comfort measures only ☐ Refused
☐ Bleeding Risk ☐ Active Bleeding ☐ Not indicated-low clinical risk ☐ Fall Risk

Ablations: ☐ No Ketorolac ☐ Ketorolac at discretion of AAC
☐ Ketorolac 30 mg IM pre op X1 ☐ Ketorolac 60 mg IM pre op X1 ☐ Ketorolac 30 mg IV pre op X1

☐ Albuteral 2.5 mg/ 0.5 ml HHN with IS to follow X1 pre op ☐ Pepcid 20 mg IV pre op X1 ☐ Pyridium 200 mg PO pre op X1

☐ **No Pre op Antibiotic Needed**

Pre-operative Antibiotics: *Required

<u>*Hysterectomy & Urogyn procedures (*Bladder Sling & Paravaginal Defect Repair)</u>

☐ Cefazolin 2 g IVPB pre op X1 if patient greater than or equal to 120 kg Cefazolin 3 g IVPB pre op X1 **Alternate if cephalosporin allergy (for cases at Main/Liberty):** Clindamycin 900 mg IVPB pre op X1 **<u>PLUS</u>** Gentamicin 5 mg/kg IVPB pre op X1 **Alternate if cephalosporin allergy (for cases at Redbank):** Levofloxacin (Levaquin) 750 mg IVPB pre op X1 **<u>PLUS</u>** Metronidazole (Flagyl) 500 mg IVPB pre op X1

Spontaneous Abortion/D&E

☐ Doxycycline 200 mg PO pre op X1 ☐ Doxycycline 200 mg pre op IV X1

Physician Signature _____ Date: _____ Time: _____

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