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| **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:**   **Diagnosis:**  **Weight:** kg **Height:** cm **Allergies:**  Interpretation Services; Language: | | | |

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| |  |  | | --- | --- | | **Enhanced Surgical Pathway** | | | **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 PACU  Same Day – Discharge From PACU | | Post-Op Day 1  Post-Op Day 1 | Unknown  Unknown |   **Ancillary Referrals (Pre-Admission Testing)** | | | | | | | | | | | | | |
| ​​☐​ PAT Phone Call  ​​☐​ Pre Admission Testing (PAT) Appointment Request  ​​☐​ 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) | | | | | | | | | | | | | |
| **Pre Admission Testing  N/A** | | | | | | | | | | | | | |
|  | CBC | | |  | Glycohemoglobin A1C | | | | | | |  | Type & Screen + ABOCAP if not filed in EHR |
|  | APTT | | |  | Hepatic Function Panel | | | | | | |  | XR chest 2 view |
|  | Protime-INR | | |  | Urinalysis w/C&S if indicated | | | | | | |  | ECG 12 lead (obtain if no ECG within 6 months) |
|  | Basic Metabolic Panel | | |  | MRSA and SA Screen by PCR | | | | | | |  | Other: |
|  | Comprehensive Metabolic Panel | | |  | COVID-19 Asymptomatic/Pre-procedure Screening  Priority 1  Priority 2 | | | | | | |  |  |
| **Admission** | | | | | | | | | | | | | |
| Admit to Inpatient | |  | Hospital Outpatient Surgery (no Bed) | | | | | |  | | Hospital Outpatient Surgery (with bed) | | |
| |  | | --- | | **Telemetry:**   No Telemetry  Tele Unit  Satellite Tele | | **Code Status (Pre-Op)** |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Full Code |  | Modified code |  | DNR/DNI | | | | | | | | | | | | | | |
| **Diet (Pre-Op)** | | | | | | | | | | | | | |
|  | Adult NPO Diet | | | | |  | Other: | | | | | | |
| **Nursing (Pre-Op)** | | | | | | | | | | | | | |
|  | Sequential compression device  Calf  Thigh | | | | |  | Povidone-iodine 5% skin and nasal kit 1 application, Once | | | | | | |
|  | Clip and Prep Surgical Site | | | | |  | |  | | --- | | Clean surgical site with chlorhexidine wipes (do not apply to open skin) | | | | | | | |
|  | Apply povidone iodine 5% to both nares | | | | |  | Insert Indwelling Urinary Catheter, Reason: Pre-Surgery/Pre-Procedure | | | | | | |
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| **Patient Name (First, middle initial and last): DOB:** | | | | | | | | | | | | | |
|  | Verify informed Consent (exact wording for surgery consent): | | | | | | | | | | | | |
| **Labs (Pre-Op / Day of Surgery)  N/A** | | | | | | | | | | | | | |
|  | CBC w/differential | | |  | Comprehensive Metabolic Panel | | | | | | |  | COVID-19 |
|  | APTT | | |  | Glycohemoglobin A1C | | | | | | |  | POCT blood glucose – For all Diabetic Patients |
|  | Protime-INR | | |  | Urinalysis w/C&S if Indicated | | | | | | |  | POCT urine pregnancy (Females age 12-55) |
|  | Basic Metabolic Panel | | |  | MRSA and SA Screen by PCR nasal only | | | | | | |  |  |
|  | Other: | | | | | | | | | | |  |  |
| **Blood Bank Tests and Products (Pre-Op)** | | | | | | | | | | | | | |
|  | Type and Screen + ABOCAP if not filed in EHR  \*If blood is 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 | | | | | | | Indications: Surgical Blood Product Supply  Request for special products:  CMV Negative  Irradiated | | | | | |
|  | Additional Considerations:  Crossmatch  Emergent/Uncrossmatched | | | | | | | Donor source:  Bank Units  Directed Donor  Autologous | | | | | |
| **Imaging and Other Tests (Pre-op)  N/A** | | | | | | | | | | | | | |
|  | XR Chest 2 View, Pre-Operative | | | | | | | | | | | | |
|  | ECG 12 lead (obtain if no ECG results within 30 days) | | | | | | | | | ECG 12 lead (obtain if no ECG results within 6 months) | | | |
| **Specialty Consults (Pre-Op)  N/A** | | | | | | | | | | | | | |
|  | IP Consult to Anesthesiology | | | Reason for referral: | | | | | | | | | |
|  | IP Consult to Hospitalists | | | Reason for referral: | | | | | | | | | |
|  | IP Consult to Internal Medicine | | | Reason for referral: | | | | | | | | | |
| **IV (Pre-Op)** | | | | | | | | | | | | | |
|  | Initiate IV protocol – Adult | | |  |  | | | | | | |  | lactated ringers 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% at 25 mL/hr |
|  |  | | |  |  | | | | | | |  | Other: |

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| **Patient Name (First, middle initial and last): DOB:** | | | |
| **Antibiotics (Pre-Op)  N/A** | | | |
|  | ceFAZolin (ANCEF) IVPB 2 g 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 2,000mg, Once, one hour prior to incision time | | |
|  | clindamycin (CLEOCIN) IVPB 900 mg 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 | | |
|  | ampicillin-sulbactam (UNASYN) IVPB 3 g x 1 dose; one hour prior to incision time | | |
|  | levofloxacin (LEVAQUIN) IV 500 mg x 1 dose; one hour prior to incision time | | |
|  | metronidazole (FLAGYL) IVPB 500 mg x 1 dose; one hour prior to incision time | | |
|  | cefoTEtan (CEFOTAN) IVPB 2 g x 1 dose; one hour prior to incision time | | |
|  | vancomycin (VANCOCIN) IVPB 15 mg/kg x 1 dose; two hours prior to incision time | | |
|  | Other: | | |
| **Pain Medications (Pre-Op)  N/A** | | | |
|  | oxyCODONE (OXYCONTIN) ER tablet 10 mg Once, Oral, For 1 Doses, Preoperative | | |
|  | pregabalin (LYRICA) capsule 75 mg Once, Oral, For 1 Doses, Preoperative | | |
|  | celecoxib (celeBREX) capsule 100 mg Once, Oral, For 1 Doses, Preoperative | | |
|  | acetaminophen (TYLENOL) tablet 1,000 mg Once, Oral, For 1 Doses, Preoperative | | |
|  | Other: | | |
| **Zynrelef OR Exparel and REC solution (Cannot select Zynrelef and Exparel to ensure patient does not receive excess Bupivacaine** | | | |
| |  |  | | --- | --- | |  | Bupivacaine-meloxicam (Zynrelef) instillation (400 mg – 12 mg/14 mL instillation) – ONLY for joint patients  Is this being used for THA/TKA?  Yes | | **OR** |  | |  | Bupivacaine liposome (PF) (Exparel) infiltration suspension (1.3% - 13.3mg/mL) | |  | **With (optional):** | |  | Ropivacaine-EPINEPHrine-cloNIDine injection (Ropivacaine 90 mg, EPINEPHrine 0.5 mg, cloNIDine 80 mcg (REC) once, Pre-operative  IntraARTICULAR  Local Infiltration  Infiltration | |  | Ropivacaine-EPINEPHrine-cloNIDine + **ketorolac** injection (ketorolac 30 mg in ropivacaine 90 mg, EPINEPHrine 0.5 mg, cloNIDine 80 mcg) once, Pre-operative  IntraARTICULAR  Local Infiltration  Infiltration | |  | Ropivacaine-EPINEPHrine-cloNIDine + **fentaNYL** injection (fentaNYL 100 mcg in ropivacaine 90 mg, EPINEPHrine 0.5 mg, cloNIDine 80 mcg) once, Pre-operative  IntraARTICULAR  Local Infiltration  Infiltration | |  | Ropivacaine-EPINEPHrine-cloNIDine + **ketorolac** + **fentaNYL** injection (ketorolac 30 mg, fentaNYL 100 mcg in ropivacaine 90 mg, EPINEPHrine 0.5 mg, cloNIDine 80 mcg) once, Pre-operative  IntraARTICULAR  Local Infiltration  Infiltration | | | | |
| **Local Anesthetics** | | | |
|  | Mepivacaine (Carbocaine) (PF) Injection 60mg Intrathecal | | |
| **Anticoagulants (Pre-Op)  N/A** | | | |
|  | Heparin subcutaneous injection 5,000 units x 1 dose |  | Enoxaparin (Lovenox) subcutaneous injection 30 mg x 1 dose |
|  | Heparin subcutaneous injection 7,500 units x 1 dose |  | Enoxaparin (Lovenox) subcutaneous injection 40 mg x 1 dose |
|  | tranexamic acid (CYKLOKAPRON) 1,000 mg in sodium chloride 0.9 % 100 mL IVPB-V2B 1,000 mg Once, IntraVENOUS, for 30 Minutes, For 1 Doses, Administer in pre-op. Preoperative | | |
|  | tranexamic acid (CYKLOKAPRON) 1,000 mg in sodium chloride 0.9 % 100 mL IVPB-V2B 1,000 mg Once, IntraVENOUS, for 30 Minutes, For 1 Doses, Administer at close of incision. Preoperative | | |
|  | tranexamic acid (CYKLOKAPRON) 1,000 mg in sodium chloride 0.9 % 100 mL IVPB-V2B 1,000 mg Once, IntraVENOUS, for 30 Minutes, For 1 Doses, Administer in PACU. PACU | | |

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| **Patient Name (First, middle initial and last): DOB:** |

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| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Anesthesia  N/A** | | | | | | | | | | | | | |  | Bier Block | | |  | | MAC | | | |  | TIVA | |  | Epidural | | |  | | N/A (No Anesthesia resource involved) | | | | | | | |  | General | | |  | | Regional Block | | | | | | | |  | Local with Conscious Sedation (No Anesthesia Resource involved) | | |  | | SAB | | | | | | | |  | Local with NO Sedation (No Anesthesia Resource involved) | | |  | | TBD by Anesthesia | | | | | | | | **Type of Optional Post-Op Analgesia  N/A** Type of Optional Post-op analgesia requested to be completed by an Anesthesia provider. Anesthesia to perform block due to treatment technique beyond the experience of the operating physician.  **\*Indicate laterality if applicable** | | | | | | | | | | | | | |  | Adductor canal  Right  Left |  | Bier Block  Right  Left | |  | | Caudal |  | Epidural | | | | |  | Fascia iliaca  Right  Left |  | Femoral  Right  Left | |  | | Interscalene  Right  Left |  | Lower Extremity  Right  Left | | | | |  | No nerve block |  | Non-specified Brachial plexus block  Right  Left | |  | | Paravertebral  Right  Left |  | Peripheral Nerve Catheter  Right  Left | | | | |  | Popliteal  Right  Left |  | Rectus Sheath  Right  Left | |  | | Saphenous  Right  Left |  | Sciatic  Right  Left | | | | |  | Spinal with Morphine |  | Transverse Abdominis plane  Right  Left | |  | | Upper extremity  Right  Left | | | | | | |  | Other:  Right  Left | | | | | | | | | | | | | **\*Is there a secondary block?**  **\*Indicate laterality if applicable** | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Adductor canal  Right  Left |  | Bier Block  Right  Left |  | Caudal |  | Epidural | |  | Fascia iliaca  Right  Left |  | Femoral  Right  Left |  | Interscalene  Right  Left |  | Lower Extremity  Right  Left | |  | Popliteal  Right  Left |  | Non-specified Brachial plexus block  Right  Left |  | Paravertebral  Right  Left |  | Peripheral Nerve Catheter  Right  Left | |  | Spinal with Morphine |  | Rectus Sheath  Right  Left |  | Saphenous  Right  Left |  | Sciatic  Right  Left | |  | Other:  Right  Left |  | Transverse Abdominis plane  Right  Left |  | Upper extremity  Right  Left | | | | | | | | | | | | | | | |  |  | | --- | | **Additional Orders (any medication orders must include medication, dose, route, and phase of care) ☐ N/A** | |  |  |  | | --- | | **PROVIDER SIGNATURE: DATE: TIME:** | |