

Check box to  
initiate order

546808D R05/10

**PRE-OP TOTAL JOINT**

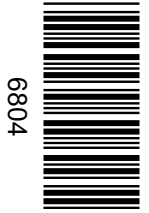
**IMPORTANT**  
Position patient  
ID plate so it is  
to the **LEFT** of  
the arrow

**ALLERGIC:**  NO  YES

HH Forms 546808D R05/10

**PHYSICIAN'S ORDER FORM**

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's blood components)	NOTED BY WHOM
	Admit as inpatient			<b>Antibiotic Prophylaxis:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Admit Diagnosis:			<input type="checkbox"/> Cefazolin (i.e. Ancef®) 2g IV 30 minutes prior to	
	Admit Date/Time:			induction of anesthesia	
	Admit to _____				
	Blood Bank confirms <input type="text"/> units autologous blood			<input type="checkbox"/> Alternative Antibiotic:	
	<input type="checkbox"/> Type and Screen			<input type="checkbox"/> Clindamycin 600 mg IV 30 minutes prior to induc-	
	<input type="checkbox"/> Type and Cross for _____ unit(s)			tion of anesthesia	
	<input type="checkbox"/> Draw type and screen on single joint replacements only				
	when the HCT is less than 36 (<HCT 36).			IV: Start with #18g needle	
	<input type="checkbox"/> Draw type and screen on all bilateral joints and revisions.			1000 ml Lactated Ringers at _____ ml/hr one	
	Labs: (order stat if not on chart)			hour pre op	
	<input type="checkbox"/> CBC with <input type="checkbox"/> Lytes				
	<input type="checkbox"/> Creatinine <input type="checkbox"/> Bun			<input type="checkbox"/> Acetaminophen (i.e. Tylenol®) 1000 mg po x 1 dose	
	<input type="checkbox"/> PT (Included INR) <input type="checkbox"/> PTT			on admission	
	<input type="checkbox"/> Urinalysis				
	<input type="checkbox"/> Redraw: K if outside of normal lab values.			<input type="checkbox"/> Oxycontin 10 mg po x 1 dose on admission	
	<input type="checkbox"/> Redraw for Hct < 30				
	<input type="checkbox"/> PT/INR if Coumadin/Lovenox recently discontinued in			<input type="checkbox"/> Neurontin 300mg po x 1 dose on admission	
	past 7 days EKG: (> age 50 if not on chart)				
	<input type="checkbox"/> Fingerstick blood glucose on admission			<input type="checkbox"/> Transdermal Scopolamine patch upon admission	
	<input type="checkbox"/> Void on call to O.R.				
	<input type="checkbox"/> Clip and Prep for THA, TKA, TSA and Birmingham			<input type="checkbox"/> Celebrex 200mg po x1 upon admission	
	<input type="checkbox"/> EKG: (> age 50 if not on chart)				
	<input type="checkbox"/> Vital signs on admission				
	<input type="checkbox"/> NPO				
	<input type="checkbox"/> Apply TED stockings / ace wraps / PAS stockings on				
	pre-op unit				
	<input type="checkbox"/> Anesthesia to see				



**ALLERGIC:**    NO    YES

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's blood components)	NOTED BY WHOM
	<p><b>If Vancomycin is the antibiotic of choice, please document the rationale by checking all that apply</b></p> <p><input type="checkbox"/> Beta -Lactam, penicillin or cephalosporin allergy</p> <p><input type="checkbox"/> Known prior colonization with MRSA</p> <p><input type="checkbox"/> Acute inpatient hospitalization within the past year</p> <p><input type="checkbox"/> Long Term care Resident within the past year</p> <p><input type="checkbox"/> Increased MRSA rate, either facility-wide or procedure specific</p> <p><input type="checkbox"/> Presence of a chronic wound care or on dialysis</p> <p><input type="checkbox"/> In-patient stay more than 24 hours prior to surgery</p> <p><input type="checkbox"/> Other reason, please provide rationale:</p> <p>_____</p> <p>_____</p> <p>_____</p>			<p>PT Weight _____</p> <p><input type="checkbox"/> If pt &lt; 100 kg / 220lbs give Vanco 1 gm IV infuse over 90 minutes. Start infusion in Pre-op Line area.</p> <p><input type="checkbox"/> If pt &gt; 100 kg / 220lbs give Vanco 1.5 gm IV infuse over 90 minutes. Start infusion in Pre-op Line area</p>	

**PHYSICIAN'S ORDER FORM**

6804

