

Women and Infants'

PRE-OPERATIVE TESTING

Patient's Name: _____ Date of Birth: _____

Diagnoses and/or ICD-9 code: _____

Surgical Procedure: _____

INSTRUCTIONS: 1. Complete this form and fax to Pre-Admission Testing Center: 401-276-7899.
2. Provide patient a copy in order to have Pre-Operative Testing completed.
3. Recommendation(s) for ordering a test are in parenthesis and do not represent the only indication(s) for ordering a test.

Testing Center Location

If other than WIH, Center Name: _____

Cardiovascular (V72.81)

___ EKG (*cardiac disease or age over 55 years*)

Pulmonary (V72.82)

___ CXR (*unstable pulmonary disease*)
___ ABG (*oxygen dependent*)

Gastro-Intestinal (V72.83)

___ AST, total bilirubin, alkaline phosphatase, total protein, PT/INR, PTT (*liver disease*)

Renal (V72.83)

___ BUN/Creatinine (*renal disease*)
___ Potassium (*renal disease or on diuretic, ACE inhibitor, ARB, digoxin, potassium supplement*).
See back of this sheet for a list of medications.

Hematology (V72.83)

___ CBC diff if indicated (*all surgeries*)

Type and Screen/Type and Cross (V72.83)

___ Type & Screen (*must be done at WIH lab*)
___ Type & Cross (*must be done at WIH lab*)

Type & Screen and Type & Cross are effective for:

1. **30 days** if patient has NOT been transfused, had surgery or become pregnant within 3 months of surgery.
2. **3 days** if patient has been transfused, had surgery or become pregnant within 3 months of surgery or is uncertain.

Other Tests/Orders: _____

Allergies

___ No known medication or latex allergies
___ Yes: _____

Protocols- Complete appropriate protocol order sheets. See back of this sheet for Peri-Operative Protocol Guidelines.

Complete Venous Thromboembolism Prophylaxis Protocol Form (**all patients**)
___ Atenolol Protocol
___ Endocarditis Prevention Protocol
___ Stress Dose Steroid Protocol

Additional Testing- Check additional test(s) to be completed on day of surgery.

___ Urinalysis dipstick
___ Pregnancy test (*age under 50 years, unless known pregnancy*)
___ Finger stick glucose
___ PT/INR/PTT (*bleeding abnormalities or anticoagulants*)
___ Type & Screen (*on surgery day if not done*)
___ Type & Cross (*on surgery day if not done*)
___ Other: _____

Prophylactic Antibiotic(s) For Surgery Day

___ Cefoxitin 2 grams iv prior to incision
___ Cefazolin 2 grams iv prior to incision
___ Clindamycin 900mg iv (if penicillin allergy)
___ Other(s): _____

ASU RN Signature: _____

Date: _____ Time: _____

Surgeon's Signature: _____

Date: _____

Print Name: _____

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What Peri-Operative Protocol(s) Does My Patient Need?

VENOUS THROMBOEMBOLISM PROPHYLAXIS ORDER SHEET- Must be completed on **ALL** patients undergoing gynecologic surgery.

ATENOLOL ORDER SHEET

FOR any patient already taking a beta blocker or has any 2 of the following risk factors:

- Known or probable ischemic heart disease
- History of CHF
- Known or probable cerebrovascular disease
- Diabetes mellitus on insulin
- Renal insufficiency (Cr > 2.0)
- Undergoing intra-peritoneal surgery

AVOID in patients with any of the following:

- Beta blocker intolerance or allergy
- Pulse < 55/minute
- Systolic BP < 100 mmHg
- Active CHF
- Active Wheezing
- AV nodal Block

STRESS DOSE STEROID ORDER SHEET- **FOR any patient with any of the following:**

- Presently on steroids
- Received > 5 mg/day of prednisone or equivalent for > 3 weeks in the past year
- Cushingoid in appearance
- Documented adrenal insufficiency or abnormal ACTH stimulation test

INFECTIVE ENDOCARDITIS PROPHYLAXIS ORDER SHEET- **ONLY FOR** patients with a high risk cardiac lesion undergoing high risk for IE procedure.

High risk lesions include:

- Prior history of IE
- Prosthetic heart valves
- Unrepaired cyanotic congenital heart disease including palliative shunts and conduits
- Repaired congenital heart defects with prosthetic material or device placed in the previous 6 months
- Repaired congenital heart disease with residual defects at the site (or adjacent to the site) of a prosthetic patch or device
- Cardiac transplantation recipients who develop cardiac valvulopathy

High risk for IE procedures include:

- Procedures involving incision through infected skin, skin structures, or musculo-skeletal tissue
- Invasive procedures on the respiratory tract
- Dental procedures involving manipulation of the gingival tissues or periapical region of teeth or perforation of the oral mucosa
- GU/GI procedures (IE prophylaxis aimed at enteroococci)

What Anti-Hypertensive Medicines Require Potassium To Be Checked?

DIURETICS:	Aldactone –	<i>Spironolactone</i>	Inspira –	<i>Eplerenone</i>
	Bumex –	<i>Bumetanide</i>	Lasix –	<i>Furosemide</i>
	Diuril –	<i>Chlorthiazide</i>	Lozol –	<i>Indapamide</i>
	Edecrin –	<i>Ethacrynic Acid</i>	Midamor –	<i>Amiloride</i>
	HCTZ-	<i>Hydrochlorthiazide</i>	Zaroxolyn –	<i>Metolazone</i>
ACE INHIBITORS:	Accupril –	<i>Quinapril</i>	Mavik -	<i>Trandolapril</i>
	Aceon –	<i>Perindopril Erbumine</i>	Monopril –	<i>Fosinopril</i>
	Altace –	<i>Ramipril</i>	Prinivil, Zestril –	<i>Lisinopril</i>
	Capoten –	<i>Captopril</i>	Univasc –	<i>Moexipril</i>
	Lotensin –	<i>Benazepril</i>	Vasotec –	<i>Enalapril</i>
ARBs:	Atacand –	<i>Candesartan Cilexetil</i>	Diovan –	<i>Valsartan</i>
	Avapro –	<i>Irbesartan</i>	Micardis –	<i>Telmisartan</i>

Benicar –
Cozaar –

Olmesartan Medoxomil
Losartan

Teveten –

Eprosartan

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