



One Medical Center Drive
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 (207) 283-7000

Pre-Operative Orders Orthopedics/Podiatry

Diagnosis	Allergies
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|-------------------------------------|--|---|--|
| <input type="checkbox"/> CBC | <input type="checkbox"/> Chem Profile | <input type="checkbox"/> CEA | <input type="checkbox"/> T/S |
| <input type="checkbox"/> EKG | <input type="checkbox"/> CXR | <input type="checkbox"/> Coag Panel | <input type="checkbox"/> T/C - #____units |
| <input type="checkbox"/> LYNES | <input type="checkbox"/> U/A | <input type="checkbox"/> Incentive Spirometer | <input type="checkbox"/> Autologous Blood #____units |
| <input type="checkbox"/> BUN | <input type="checkbox"/> U/A – C&S | <input type="checkbox"/> Pulse Ox | |
| <input type="checkbox"/> Creatinine | <input type="checkbox"/> HCG ____urine ____serum | <input type="checkbox"/> ABG | |

Day Of Surgery – Fingerstick CBC Coag Panel EKG Other: _____
 HCG - urine (if cannot void, do serum)

Block Request: <input type="checkbox"/> Interscalene <input type="checkbox"/> Axillary <input type="checkbox"/> Femoral <input type="checkbox"/> Bier
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Other: _____

- Orthopedic Pain Protocol:** Acetaminophen 1000 mg PO
 Celecoxib 400 mg PO
 Pregablin 150 mg PO
 Oxycodone CR 10 mg PO

Nausea Protocol: Ondansetron 4mg IV (given in holding area)

- DVT Prophylaxis:** **SCDs** applied in OR
 TEDs ____thigh ____knee
 Heparin 5000 units SC given in Holding Area

Procedure	Recommended Antibiotic
Total Hip Total Knee or Routine Orthopedics or Podiatry	<input type="checkbox"/> Cefazolin 1 gram IV Low risk Penicillin allergy: <input type="checkbox"/> Allergy noted – OK to give Cefazolin or <input type="checkbox"/> Vancomycin 1 gram IV* * Indication ____ PCN Allergy ____ MRSA ____ Other: _____ or <input type="checkbox"/> Clindamycin 600 mg IV or <input type="checkbox"/> Cefuroxime 750 mg IV