



**HSHS**  
**St. John's**  
**Hospital**

**SURGERY SCHEDULING/  
PHYSICIAN ORDER**

**Main & OSC**  
217-757-6060 Phone  
Fax all preadmission information  
to 217-757-6018

**Cardiac Surgery**  
1-866-466-8707 (press 1) Phone  
217-544-6464, ext. 50501 Local Phone  
Fax all preadmission information  
to 217-757-6008

**Surgery Suites**  
217-544-6464, ext. 50300 Phone  
Fax all preadmission information  
to 217-757-6494

Tracking # \_\_\_\_\_ Issued by \_\_\_\_\_

Procedure date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient status:  Outpatient  AM admission

Surgeon: \_\_\_\_\_ Length of procedure: \_\_\_\_\_ hrs

Time: \_\_\_\_\_ TF: \_\_\_\_\_

Procedure(s) / consent for: \_\_\_\_\_

- Bilateral \_\_\_\_\_
- Left \_\_\_\_\_
- Right \_\_\_\_\_
- Levels \_\_\_\_\_

Positioning: \_\_\_\_\_ OR table: \_\_\_\_\_

Supplies/System/Equipment requests: \_\_\_\_\_

Rep. notified:  Yes  No  N/A

Anesthesia type:  General  Local  Monitored anesthesia care  Bier Block  Spinal/Epidural  Anesthesia choice

Post-op pain block requested by surgeon

**Check all that apply:**

- Latex allergy
- MRO
- VRE
- Needle loc \_\_\_\_\_ (time)
- MRI \_\_\_\_\_ (time)
- CT \_\_\_\_\_ (time)
- Nuc Med \_\_\_\_\_ (time)
- SSEP
- Ultrasound
- Cell saver
- Translator

Patient name: \_\_\_\_\_  Male  Female  
(First) (MI) (Last)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone# : \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Precert #: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ BMI: \_\_\_\_\_

Allergies/Adverse reactions: \_\_\_\_\_

Films to be brought by:  Physician  Nurse  Resident  Patient

Physician for H&P: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospitalist Service:  HSHS  SIU  Springfield Clinic Reason: \_\_\_\_\_

Cardiologist: \_\_\_\_\_ Phone: \_\_\_\_\_

Pre-op diagnosis \_\_\_\_\_

**ADMIT ORDERS:**

Pre-Op Antibiotics \_\_\_\_\_  On call to OR  None

NPO p midnight  CHG wipes

Order set to be used: \_\_\_\_\_

**Hold ACE inhibitors 24 hrs prior to surgery.**

**Beta Blockers: Instruct patient to take beta blockers as prescribed day of surgery.**

**FAX ALL PRE-ADM. ORDERS, H&P, CONSENTS AND TESTING RESULTS WITH THIS FORM.**

**PRE-OP TESTING**

- Anesthesia Protocol
- EKG
- Chest X-ray
- CBC w/diff
- BMP
- CMP
- MG
- PT/INR
- PTT
- U/A
- Urine C&S
- UHCG
- Nasal swab for MRSA within 14 days
- Type & screen (if antibodies present, proceed to a Type & Cross)
- Type & cross \_\_\_\_\_ units within 14 days
- Other: \_\_\_\_\_

Testing location: \_\_\_\_\_

**Office Task List**

- Scheduler  Insurance
- Vascular Lab, Nuc Med, EEG, Needle loc

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



Patient name: \_\_\_\_\_  
First MI Last

**DAY OF SURGERY PRE-OPERATIVELY ANTIBIOTIC ORDERS:**

- \_\_\_\_\_ cefazolin (ANCEF®) 2 Gm IVPB once within 1 hr prior to surgical incision if Pt. wt less than 120 Kg. **Administer only if Pt. is not allergic to penicillin/cephalosporin drug family.** Do not give to revision cases until surgeon approves order.
- \_\_\_\_\_ cefazolin (ANCEF®) 3 Gm IVPB once within 1 hr prior to surgical incision if Pt. wt greater than 120 Kg. **Administer only if Pt is not allergic to penicillin/cephalosporin drug family.** Do not give to revision cases until surgeon approves order.
- \_\_\_\_\_ clindamycin phosphate 900 mg IVPB once within 1 hr prior to surgical incision. **If patient allergic to penicillin/cephalosporin drug family.** Do not give to revision cases until surgeon approves order.
- \_\_\_\_\_ vancomycin hydrochloride 15 mg/Kg, IVPB once within 2 hrs prior to surgical incision, maximum dose of 2000 mg  
*Reason for vancomycin:*  
\_\_\_\_\_ Beta-lactam (penicillin or cephalosporin) allergy  
\_\_\_\_\_ Documented MRSA colonization

**DAY OF SURGERY PRE-OPERATIVE MEDICATION ORDERS:**

- \_\_\_\_\_ celecoxib (CELEBREX®) 200 mg Po with sip of water; if Pt. allergic to sulfa, give meloxicam (MOBIC®) 7.5 mg Po with sip of water; St. John's pain protocol recommended
- \_\_\_\_\_ acetaminophen (TYLENOL®) 1000 mg Po with sip of water; St. John's pain protocol recommended
- \_\_\_\_\_ dexamethasone 10 mg IV push x1 dose; St. John's pain protocol recommended
- \_\_\_\_\_ tramadol hydrochloride (ULTRAM®) 100 mg Po with sip of water
- \_\_\_\_\_ oxycodone hydrochloride (OXYCONTIN®) 10 mg Po with sip of water (Pt. greater than 65 and no Hx of sleep apnea)
- \_\_\_\_\_ oxycodone hydrochloride (OXYCONTIN®) 20 mg Po with sip of water (Pt. less than 65 and no Hx of sleep apnea)
- \_\_\_\_\_ gabapentin (NEURONTIN®) 300 mg Po with sip of water
- \_\_\_\_\_ aprepitant (EMEND®) 40 mg Po with sip of water
- \_\_\_\_\_ ondansetron (ZOFTRAN®) 4 mg IV push on call to OR
- \_\_\_\_\_ tranexamic acid (TXA) 1 gm IV in 50 mL sodium chloride 0.9% **IVPB** on call to OR. Administer 30 minutes prior to incision
- \_\_\_\_\_ tranexamic acid (TXA) 1 gm IV in 50 mL sodium chloride 0.9%. On call to OR, to be applied **topically** to incision during operative procedure, if patient has history of stroke, DVT, stent
- \_\_\_\_\_ bactroban nasal (for MRSA [+] swab) one application to each nare b.i.d. x 5 days

**Beta Blockers:** Instruct patient to take beta blockers as prescribed day of surgery.

Key: TF = to follow loc = localization	MRO = Multi-resistant organisms VRE = vancomycin-resistant enterococci Nuc Med = Nuclear Medicine SSEP – Somatosensory Evoked Potential
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PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**SURGERY SCHEDULING/PHYSICIAN ORDER**

