Use Ballpoint Pen Only

"Authorization is hereby given to dispense the Generic or therapeutic equivalent unless otherwise indicated by the words -- NO SUBSTITUTE"

Elective Joint Replacement Preoperative Orders (Items with evidence indicated by ^)

At Orthopedist's Office
- ☐ Please schedule a Pre-Surgical Evaluation with Dr. _____
  Send a copy of consult note to the patient's hospital chart as soon as received
- ☐ Schedule patient for Pre-surgical strengthening with PT
- ☐ Arrange an Anesthesia consult for them to perform a Peripheral Nerve Block for postoperative pain control that would not be controlled by other methods^

On Arrival to Same Day Surgery

Patient Status
- ☐ Outpatient in a bed on arrival to SDS ☐ Inpatient on arrival to SDS if stay anticipated to be greater than 2 MN

Circle Surgical Procedure

Indicate Side of the Body: **Total Hip Replacement** **Total Hip Revision**
Total Knee Replacement **Total Knee Revision** **Partial Knee Replacement**
Total Shoulder Replacement **Reverse total Shoulder Replacement** **Total Shoulder Revision**

Vital Signs
- ☒ Vital signs per protocol

Nursing Orders
- ☒ If MRSA Screening is positive, place patient on CONTACT PRECAUTIONS
- ☒ Contact Case Management to arrange for DME—rolling walker, shower chair, and bedside commode
- ☒ Apply Knee length Intermittent Pneumatic Compression Device to Non-Operative Leg^
- ☒ Cleanse operative site with Chlorhexidine wipes^
- ☒ Clip Hair in SDS only if needed^
- ☐ Measure for Thigh High TED hose and attach package to chart
- ☐ Lactated Ringers at _____ml per hour
- ☐ Other IV Fluid_____
- ☒ Basic Metabolic Profile
- ☐ Glucometer on arrival to SDS
- ☐ Stat PT/INR
- ☐ Type & Screen unless patient already has on an armband
- ☐ Type & Cross for 2 Units Packed Red Blood Cells

Medications

Preoperative Medications for postoperative pain control^
- ☐ Acetaminophen (Tylenol®) 975 milligrams PO x 1 dose immediately on arrival to SDS^
- ☐ Acetaminophen (Ofirmev®) 1000 milligrams IV x 1 dose send to SDS for administration at end of case
- ☐ Oxycontin 20 mg po x 1dose immediately on arrival to SDS **Do NOT** give if documented allergy to ANY Oxycodone products (Percocet®, Percodan®, Tylox®, Endocet®, Roxicodone®). Confirm with physician before giving if patient has already taken AM dose of chronic pain medication prior to arrival
- ☐ Gabapentin (Neurontin®) 600 mg po x 1 dose immediately on arrival to SDS^
- ☐ Celecoxib (Celebrex®) 200 mg po x 1 dose immediately on arrival to SDS^
  Do NOT give if documented allergy to Sulfa or Aspirin. Do NOT give if eGFR is under 30 ml per min

Prophylactic Antibiotics:^ Complete infusion of all antibiotics prior to tourniquet inflation
- ☐Cefazolin (Ancef®) 2 gram IV (3 gram IV for patients 120 kg or above) on arrival to OR. Redose every 4 hours during surgery. Cefazolin contraindicated with allergy to Cephalosporins or severe Penicillin allergy (anaphylaxis, urticaria, breathing problems, or angioedema)—Please order Clindamycin instead. If patient has allergy to clindamycin as well as cephalosporin allergy or severe penicillin allergy please use vancomycin
- ☐ Clindamycin (Cleocin®) 900 mg IV over 30 minutes x 1 dose. Redose every 6 hours during surgery.
- ☐ Vancomycin weight-based dose (see below)-**instead** of cefazolin or clindamycin
- ☒ Nozin application upon arrival to SDS
- ☒ If nares PCR results are positive for MRSA, then give Vancomycin weight-based dose (see below) just prior to the start of either Cefazolin or Clindamycin as ordered above^ **in addition** to cefazolin or clindamycin

Vancomycin weight-based dosing:
< 80 kg: 1g IV infused over 1 hour; 80 to 119 kg: 1.5g IV infused over 1.5 hours; 120 kg or above: 2g IV infused over 2 hours

Medications to be available intraoperatively
- ☐ Tranexamic Acid (Cyklokapron ®) 1 gram IV mixed in 100 ml NS for IV infusion in OR prior to incision^
- ☐ Tranexamic Acid (Cyklokapron ®) 1 gram IV mixed in 100 ml NS for IV infusion in OR prior to wound closure^
- ☐ Tranexamic Acid (Cyklokapron ®) 1 gram mixed in 50 mL NS for topical application in OR prior to wound closure^
- ☐ Liposomal Bupivacaine (Exparel ®) 20 mL vial to be used for surgical site infiltration^

Operating Room:
- ☒ Activate Knee Length Intermittent Pneumatic Compression Devices on Non-Operative Leg in OR
- ☒ If ordered above, apply TED hose to operative leg when directed
- ☐ Insert Indwelling Urinary Catheter under anesthesia after prophylactic antibiotics have been started

Reminders: Do NOT order acetaminophen if known liver disease. Pts on home NSAID should stop one week prior to surgery date. Can replace with Celecoxib if no sulfa or aspirin allergy. Pts on ACE Inhibitors or Angiotensin Receptor Blockers are at risk of acute renal failure if NSAIDS (including Celecoxib) are added to their regimen. Pts at highest risk are those with unstented renal artery stenosis, age over 65, and dehydration

Print Practitioner Name

Practitioner Signature: **Date:** **Time:**

Drug Allergies: ☐NKDA ☐Other:

Patient Full Name: _____

Patient DOB: _____ **M or F**

Date of Procedure: _____