

ERAS SURGERY PRE-OP PLAN
- Phase: Diagnostic Pre-Op Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Urine Beta hCG <input type="checkbox"/> Urine, Routine Outpatient/PACU, T;N, Vendor Bill No
	Urine Random Drug Screen <input type="checkbox"/> Urine, Routine Outpatient/PACU, T;N
	BB Blood Type (ABO/Rh) <input type="checkbox"/> Routine Outpatient/PACU, T;N
	BB Antibody Screen <input type="checkbox"/> Routine, T;N
Diagnostic Tests	
	EKG-12 Lead <input type="checkbox"/> Routine, Pre-Op exam, An EKG in within last 6 weeks is valid
	DX Chest Single View <input type="checkbox"/> Routine, A chest X-ray within last year is valid
	DX Chest PA & Lateral <input type="checkbox"/> Routine, A chest X-ray within last year is valid

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Physician Signature: _____ Date _____ Time _____



ERAS SURGERY PRE-OP PLAN
- Phase: OPS/OR Holding Pre-Op Orders

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Contraindications Beta Blocker
ERAS Medications	
	gabapentin <input type="checkbox"/> 600 mg, PO, cap, OCTOR Upon arrival to Outpatient
	acetaminophen <input type="checkbox"/> 1,000 mg, PO, tab, OCTOR
	celecoxib use is contraindicated in patients with a CrCl LESS than 30 mL/min Do not use in patients GREATER than 75 years of age celecoxib <input type="checkbox"/> 200 mg, PO, cap, OCTOR Upon arrival to Outpatient ***celecoxib use is contraindicated in patients with a CrCl LESS than 30 mL/min*** Do not use in patients's GREATER than 75 years of age <input type="checkbox"/> 400 mg, PO, cap, OCTOR Upon arrival to Outpatient ***celecoxib use is contraindicated in patients with a CrCl LESS than 30 mL/min*** Do not use in patients's GREATER than 75 years of age
	***ERAS Patients 65 years of age or younger with a history of post operative nausea/vomiting, give transdermal scopolamine patch and prophylactic ondansetron. scopolamine <input type="checkbox"/> 1 mg, transdermal, adh patch, OCTOR Upon arrival to Outpatient
	ondansetron <input type="checkbox"/> 8 mg, IVPush, soln, OCTOR Upon arrival to Outpatient
GI Prophylaxis	
	famotidine <input type="checkbox"/> 20 mg, PO, tab, OCTOR <input type="checkbox"/> 20 mg, IVPush, inj, OCTOR
	metoclopramide <input type="checkbox"/> 10 mg, PO, tab, OCTOR <input type="checkbox"/> 10 mg, IVPush, inj, OCTOR
Antibiotics	
	Select from the following pre-op antibiotics. If ceFAZolin selected, add metronidazole. ceFAZolin <input type="checkbox"/> 2 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis <input type="checkbox"/> 3 g, IVPush, inj, OCTOR, Pre-OP/Post-Op Prophylaxis
	metronIDAZOLE <input type="checkbox"/> 500 mg, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis Do not refrigerate. Do not give with drugs containing alcohol.

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	<p>cefoTEtan <input type="checkbox"/> 2 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis Reconstitute with 20 mL of NS or Sterile Water. Administer IV Push over 3 minutes.</p>
	<p>cefOXitin <input type="checkbox"/> 2 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis Reconstitute with 20 mL of NS or Sterile Water. Administer IV Push over 3 minutes.</p>
	<p>clindamycin <input type="checkbox"/> 900 mg, IVPB, ivpb, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis</p>
	<p>gentamicin <input type="checkbox"/> 5 mg/kg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis</p>
	<p>vancomycin <input type="checkbox"/> 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis Administer 1 hour before surgery</p>
	<p>Alternately, if the patient has a true anaphylactic allergy to penicillin and cephalosporins, choose both aztreonam AND metronidazole. aztreonam <input type="checkbox"/> 2 g, IVPush, inj, OCTOR, Infuse over 30 min, Pre-OP/Post-Op Prophylaxis Reconstitute with 10 mL of sterile water or NS. Administer IVPush over 3 minutes.</p>
	<p>metroNIDAZOLE <input type="checkbox"/> 500 mg, IVPB, ivpb, OCTOR, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis Do not refrigerate. Do not give with drugs containing alcohol.</p>
Anticoagulants	
	<p>enoxaparin (enoxaparin for weight 40 kg or GREATER) <input type="checkbox"/> 30 mg, subcut, syringe, OCTOR, Prophylaxis <input type="checkbox"/> 40 mg, subcut, syringe, OCTOR, Prophylaxis</p>
	<p>Heparin should only be ordered after evaluated by anesthesiology regarding anesthesia type. Medication Management (Notify Nurse and Pharmacy) <input type="checkbox"/> ONE TIME, Start date T;N Heparin should not be given until after evaluation by Anesthesia deciding on anesthesia type.</p>
	<p>heparin <input type="checkbox"/> 5,000 units, subcut, inj, OCTOR ERAS Patient</p>
Other Pre-Op Medication	
	<p>mupirocin topical (mupirocin 2% topical ointment) <input type="checkbox"/> 1 app, topical, oint, OCTOR Apply contents of tube evenly between both nostrils.</p>
	<p>prochlorperazine <input type="checkbox"/> 25 mg, rectally, supp, OCTOR, nausea/vomiting</p>

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ORDER	ORDER DETAILS
	aspirin <input type="checkbox"/> 325 mg, PO, tab ec, OCTOR Do not crush or chew.
	dexAMETHasone <input type="checkbox"/> 10 mg, IVPush, inj, OCTOR
	droNABinol <input type="checkbox"/> 5 mg, PO, cap, OCTOR To be administered in OR holding
	methylergonovine <input type="checkbox"/> 0.2 mg, IM, inj, OCTOR
	oxyCODONE <input type="checkbox"/> 10 mg, PO, tab, OCTOR
	oxyCODONE (oxyCODONE extended release) <input type="checkbox"/> 10 mg, PO, tab sa, OCTOR Do not crush or chew.
	tranexamic acid <input type="checkbox"/> 1000 mg, IVPB, inj, ONE TIME, Infuse over 8 hr To be given INTRAOPERATIVELY.
Additional Medication	
	If additional medications are needed, complete the following "misc medication" order to allow pharmacy to enter into PowerChart misc medication
	misc medication
Laboratory	
	POC Blood Sugar Check <input type="checkbox"/> ONE TIME, upon arrival <input type="checkbox"/> q4h
	POC Chem 8
	POC Hemoglobin and Hematocrit
	Urine Beta hCG <input type="checkbox"/> Urine, STAT Outpatient/PACU, T;N, Vendor Bill No
	BUN <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
	Creatinine <input type="checkbox"/> STAT Outpatient/PACU, T;N, Vendor Bill No
Respiratory	
	Arterial Blood Gas <input type="checkbox"/> STAT, Patient in OPS.
	IS Instruct
Consults/Referrals	

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UMC Health System

Patient Label Here

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ORDER	ORDER DETAILS
	Consult MD <input type="checkbox"/> Service: Anesthesiology, Reason: Pre-Op, Routine <input type="checkbox"/> Service: Anesthesiology, Reason: Pre-Op and Nerve Block, Routine

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