

**FAX TO AMC SCHEDULER (513) 974-5216**

<b>Patient Name:</b>		<b>SS#</b>	<b>CPT Code(s) for Pre-Authorization</b>
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:
Address:			
Home Phone#:		Alternate Phone#	
Surgery/Procedure Date:		Latex Allergy: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Time of Surgery/Procedure:		Drug Allergies:	
Time Requested for Patient to Arrive:		<b>PRE-CERT: <input type="checkbox"/> YES <input type="checkbox"/> NO</b>	
Admitting Diagnosis:		#:	
Procedure Consent should read:		<b>PLEASE ATTACH COPY OF INSURANCE CARD</b>	
		Procedure Length:	

Special Equipment/Instruments/Xrays: \_\_\_\_\_ Company/Sales Rep: \_\_\_\_\_  
 Implants: \_\_\_\_\_ Sales Rep Notified:  Yes  No  N/A  
 Size/Amt: \_\_\_\_\_

Patient Special Needs (i.e. interpreter, from ECF, etc.):

Surgeon: \_\_\_\_\_ Assisting Surgeon: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Position:  Supine  Prone  Lithotomy  Lateral Right  Lateral Left  PACER/ICD Manufacturer: \_\_\_\_\_  Other:

**History & Physical must be written and received by 11:59 pm business day prior to surgery.**

**ANESTHESIA TYPE:**  General  Local Only  Spinal  Epidural Continuous  Nerve Block/Type: \_\_\_\_\_  
 Local with Sedation/Surgeon Directed  Anesthesia Choice  Indwelling continuous catheter  
 Monitored Anesthesia Care: Conditions must be marked to complete request for MAC  Single shot

ASA P3  Patient under 12 or over 70 years old  
 BMI > 50  Patients with increased risk for airway  
 Severe Sleep Apnea  Acutely Agitated, uncooperative  
 Anticipated intolerance to standard sedatives  Prolonged therapeutic procedures requiring deep sedation  
 Dx Medical Problem related to substance abuse  Other

**SURGICAL CATEGORIES:**  Observation  Inpatient Admission  Outpatient (Same Day Surgery)

**PAT ORDERS**

**Please give your patient specific instructions regarding Prescription Blood Thinners and/or ASA.**

Use Premier Health Anesthesia Pre-Operative/Pre-Procedure Testing Guidelines which includes retrieving ALL Testing: labs within 6 months, EKGs and X-rays within 1 year unless "Do Not Retrieve" box is checked below

Do Not Retrieve Testing (Order only specific testing as indicated below)

SRE "Surgical Readiness Evaluation" Restricted to Patients undergoing Total Joint Replacement or Spinal Procedures

Patient is being referred to their PCP for medical clearance. PCP name: \_\_\_\_\_

Lab Blood	Dx Code	Lab Blood (cont'd)	Dx Code	Micro
<input type="checkbox"/> BMP		<input type="checkbox"/> HCG Qualitative		<input type="checkbox"/> MRSA Screening Nasal Culture
<input type="checkbox"/> BUN		<input type="checkbox"/> HIV 1, 2 Screen		<input checked="" type="checkbox"/> MDRO Surveillance Culture for MRSA/MSSA(Nasal) Mandatory for all Total Joint & Spines
<input type="checkbox"/> CBC		<input type="checkbox"/> Lytes		<input checked="" type="checkbox"/> MRSA Clearance (3 Sites) Use MDRO Order Mandatory for Positive Hx within 1year; 1 Nasal, 1 Axilla, 1 Site of Infection or Groin
<input type="checkbox"/> CBC w/Diff		<input type="checkbox"/> PT		<input checked="" type="checkbox"/> Joint Class <input type="checkbox"/> Spine Class Mandatory for All Total Knee & Hip
<input type="checkbox"/> CO2		<input type="checkbox"/> PTT		<b>Transfusion</b>
<input type="checkbox"/> CMP		<input type="checkbox"/> RPR		<input type="checkbox"/> Type & Screen
<input type="checkbox"/> C-Reactive Protein		<input type="checkbox"/> Sed Rate		<input type="checkbox"/> Type & Cross DOS # Units _____
<input type="checkbox"/> Creat, C		<input type="checkbox"/> Direct Antiglobulin Antibody		<b>Additional Testing</b> <span style="float:right">Dx Code</span>
<input type="checkbox"/> Fibrinogen		<input type="checkbox"/> Indirect Antiglobulin Antibody		<input type="checkbox"/> EXBB (day of surgery)
<input type="checkbox"/> Glucose		<b>Lab Urine</b>	<b>Dx Code</b>	<input type="checkbox"/>
<input type="checkbox"/> HBsAG		<input type="checkbox"/> Culture, Urine		<input type="checkbox"/>
<input type="checkbox"/> HgA1c		<input type="checkbox"/> Urinalysis Reflex to Culture		<input type="checkbox"/>
<input type="checkbox"/> Hepatic Panel		<b>Other Testing</b>	<b>Dx Code</b>	<input type="checkbox"/>
<input type="checkbox"/> ABG		<input checked="" type="checkbox"/> POC UCG DOS (Menstruating Females)		<input type="checkbox"/>
<input type="checkbox"/> Digoxin Level		<input checked="" type="checkbox"/> POC Glucose DOS (Diabetics)		<input type="checkbox"/>
<input type="checkbox"/> TSH/Free T4		<input type="checkbox"/> EKG		<input type="checkbox"/>
<input type="checkbox"/> Albumin		<input type="checkbox"/> CXR Pa & Lat		<input type="checkbox"/>
<input type="checkbox"/> Pre-Albumin		<input type="checkbox"/> Vein Mapping L R B		<input type="checkbox"/>
<input type="checkbox"/> Magnesium		<input type="checkbox"/> Carotid Ultrasound L R B		<input type="checkbox"/>
<b>CASE #</b>		<b>SURGERY DATE/TIME:</b>		<b>SCHEDULER:</b>



**UTILIZE PG. 2 IF UNABLE TO PLACE ORDERS IN EPIC**

**Pt Name:**

**DOB:**

**Adult Pre-operative Antibiotic for Surgical Prophylaxis:**

Procedure:	Surgical Prophylaxis Drug of Choice:	If Beta Lactam Allergy
Procedure scheduled time exceeds 3 hours - Second dose required for intra-operative administration.		
Abdominal	<input type="checkbox"/> Cefazolin (ANCEF) 2gm IVPB ≤ 120kg Cefazolin (ANCEF) 3gm IVPB > 120kg <b>AND</b> Metronidazole (FLAGYL) 500mg IVPB <b>OR</b> <input type="checkbox"/> Ertapenem (INVANZ) 1gm IVPB	<input type="checkbox"/> Gentamicin 1.5mg/kg IVPB <b>AND</b> Clindamycin 900mg IVPB
Cardiac/Thoracic	<input type="checkbox"/> Cefazolin (ANCEF) 2gm IVPB ≤ 120kg Cefazolin (ANCEF) 3gm IVPB > 120kg	<input type="checkbox"/> Vancomycin 15mg/kg IVPB
Open Heart	Refer to System Open Heart Pre Op Orderset	
Gynecologic: <i>Hysterectomy</i>	<input type="checkbox"/> Cefuroxime (ZINACEF) 1.5gm IVPB	<input type="checkbox"/> Gentamicin 1.5mg/kg IVPB <b>AND</b> Clindamycin 900mg IVPB
Gynecologic: <i>Pubovaginal sling</i>	<input type="checkbox"/> Cefazolin (ANCEF) 2gm IVPB ≤ 120kg Cefazolin (ANCEF) 3gm IVPB > 120kg	<input type="checkbox"/> Gentamicin 1.5mg/kg IVPB <b>AND</b> Clindamycin 900mg IVPB
OB/C-Sections	<input type="checkbox"/> Cefotan/Cefotetan 2gm IVP x 1 upon transfer to OR—give over 30 minutes <b>AND</b> <input type="checkbox"/> Cefazolin (ANCEF) 2gm ≤ 120kg IVP x1 upon transfer to OR <input type="checkbox"/> Cefazolin (ANCEF) 3gm > 120kg IVP x1 upon transfer to OR	<b>If Allergic to Penicillin</b> <input type="checkbox"/> Clindamycin (Cleocin) 900mg IVPB upon transfer to OR –give over 30 minutes <b>AND</b> <input type="checkbox"/> Aztreonam 2gm IVP x1 upon transfer to OR
Genitourinary	<input type="checkbox"/> Cefazolin (ANCEF) 2gm IVPB ≤ 120kg Cefazolin (ANCEF) 3gm IVPB > 120kg	<input type="checkbox"/> Levofloxacin (LEVAQUIN) 500mg IVPB
Genitourinary <i>Penile Prosthesis</i>	<input type="checkbox"/> Gentamicin 1.5mg/kg IVPB <b>AND</b> Clindamycin 600mg IVPB	<input type="checkbox"/> Gentamicin 1.5mg/kg IVPB <b>AND</b> Clindamycin 900mg IVPB
Head/Neck/Neuro	<input type="checkbox"/> Cefazolin (ANCEF) 2gm IVPB ≤ 120kg Cefazolin (ANCEF) 3gm IVPB > 120kg	<input type="checkbox"/> Vancomycin 15mg/kg IVPB
Orthopedic	<input type="checkbox"/> Cefazolin (ANCEF) 2gm IVPB ≤ 120kg Cefazolin (ANCEF) 3gm IVPB > 120kg <b>OR</b> <input type="checkbox"/> Vancomycin 15mg/kg IVPB	<input type="checkbox"/> Clindamycin 900 mg IVPB
Total Joints or Spines with MRSA/MSSA Positive Culture or Unknown Results	<input checked="" type="checkbox"/> Cefazolin (ANCEF) 2gm IVPB ≤ 120kg Cefazolin (ANCEF) 3gm IVPB > 120kg <b>AND</b> Vancomycin 15mg/kg IVPB ( <b>MRSA+ only</b> ) <b>Conditional Medication</b> <input checked="" type="checkbox"/> If MRSA or MSSA screen positive – Mupirocin (Bactroban) 2% ointment 0.5 g in each nostril BID <input checked="" type="checkbox"/> Nasal Povidone Iodine For Patients: To Preop within 1 hour of Procedure -Who have not been tested -Have been tested but results are unknown -Who have not finished the full 5 days of Mupirocin	<input type="checkbox"/> Clindamycin 900 mg IVPB <b>AND</b> Vancomycin 15mg/kg IVPB ( <b>MRSA+ only</b> )
Vascular	<input type="checkbox"/> Cefazolin (ANCEF) 2gm IVPB ≤ 120kg Cefazolin (ANCEF) 3gm IVPB > 120kg	<input type="checkbox"/> Vancomycin 15mg/kg IVPB
General Surgery	<input type="checkbox"/> Cefazolin (ANCEF) 2gm IVPB ≤ 120kg Cefazolin (ANCEF) 3gm IVPB > 120kg	<input type="checkbox"/> Vancomycin 15mg/kg IVPB
<b>Surgical Irrigations:</b> Quantity: <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Cefazolin (ANCEF) 1gm in 1000ml Normal Saline Irrigation <input type="checkbox"/> Neosporin GU 1ml in 1000ml Normal Saline Irrigation <input type="checkbox"/> Bacitracin 50,000 units in 1000ml Normal Saline Irrigation <input type="checkbox"/> Epinephrine 5mg in 5000ml Lactated Ringers Irrigation x4	
<b>Other:</b>	<input type="checkbox"/> Ortho Analgesic Mixture <input type="checkbox"/> Alvimopan (ENTEREG) 12mg cap x1 (first dose should be administered 30 minutes to 5 hours prior to surgery) <b>NOTE: ***Do not use if on chronic narcotics***</b> <input type="checkbox"/> Heparin 5,000 units SQ (one dose only 1 hour prior to procedure)	

**Additional Orders:**

**ORDERING PHYSICIAN SIGNATURE:**

**DATE:**

**TIME:**