

Form Title **Total Hip / Knee Arthroplasty Pre-Operative Same Day Admission Orders**

Form Number **21398Bond**

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**Total Hip / Knee Arthroplasty Pre-Operative Same
Day Admission Orders**
 Primary **Revision**
Legend **Mandatory orders** **Optional orders**

Select orders by placing a checkmark in the associated box.

1. **Allergies:** Check Caution Record before ordering.
2. Orders may be deleted by stroking the order out and initialing the entry or by leaving prompts blank (boxes).
3. All orders must be completed and signed by the prescriber.
4. All co-signatures must be timed and dated within **24 hours**.

Last Name (<i>Legal</i>)		First Name (<i>Legal</i>)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(<i>dd-Mon-yyyy</i>)	
Personal Health Number		ULI <input type="checkbox"/> Same as PHN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

Weight: _____ kg	Height: _____ cm	BMI: _____
Pre-Op Communication		
<input type="checkbox"/> Follow Eating and Drinking Before Surgery Instructions: <ul style="list-style-type: none"> • Eat as usual until 8 hours before surgery • May have a final light, low-fat snack before stopping all solids, 6 hours before surgery • Clear fluids only until 3 hours before surgery • MUST drink 2 cups (500 mL) of clear juice (either cranberry cocktail or apple juice), to be completed 3 hours prior to surgery time (carbohydrate loading). • Nothing by mouth 3 hours before surgery <input type="checkbox"/> Other _____		
Medications		
Consults		
<input checked="" type="checkbox"/> Consult pharmacy on patients who are pre-operatively on narcotics, to get advice on post-operative pain management		
Analgesics		
<input checked="" type="checkbox"/> Acetaminophen 975 mg PO x 1 dose with sips <input type="checkbox"/> Diclofenac 50 mg PO x 1 dose with sips OR IF history of GI bleed: <input type="checkbox"/> Celecoxib 200 mg PO x 1 dose with sips <input type="checkbox"/> Gabapentin 300 mg PO x 1 dose with sips (caution with elderly)		
Anti-Reflux		
For patients with a BMI greater than 35, history of hiatus hernia, active ulcer disease, GERD or other GI conditions:		
<input type="checkbox"/> Ranitidine 150 mg PO x 1 dose 2 hours pre-operatively with sips of water; OR <input type="checkbox"/> Patients own Proton Pump Inhibitor: _____		
<input type="checkbox"/> Metoclopramide 10 mg PO x 1 dose 2 hours pre-op with water <input type="checkbox"/> Sodium citrate 100 mg/mL with citric acid 66.8 mg/mL 30 mL PO on call to operating room		
If time does not permit administration of the ranitidine and metoclopramide 2 hours pre-operatively, give sodium citrate only		
Prescriber Signature	Date (<i>dd-Mon-yyyy</i>)	Time (<i>hh mm</i>)

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Medications Continued
Antibiotics
 ceFAZolin 2 g IV to the Operating Room with patient
(infuse within less than 60 minutes pre-skin incision)

IF Allergy to ceFAZolin:
 Clindamycin 600 mg IV to the Operating Room with patient
(infusion within less than 60 minutes pre-skin incision)

OR
 Vancomycin 0.015 g/kg IV
(infusion prior to going to the Operating Room, as per timing below)

Weight	Below 58 kg	58 to 74.9 kg	75 to 91.9 kg	92 to 108.9 kg	109 to 124.9 kg	125 kg or greater
Dose	0.75 g	1 g	1.25 g	1.500 g	1.75 g	2 g

(for patients with known MRSA colonization or infection, add vancomycin to surgical prophylaxis regimen)
Vancomycin Infusion:

 Less than or equal to 1 g over at least 60 minutes pre-skin incision,
 Greater than 1 g to 1.5 g over at least 90 minutes pre-skin incision, and
 Greater than 1.5 g over 120 minutes pre-skin incision

Revisions:
 HOLD ANTIBIOTICS

IV Therapy
 Lactated ringers solution at ____/hour

Laboratory Tests

IF not done the day before:

 STAT PT (INR) PTT morning of surgery if patient is on warfarin pre-operatively

Patient preparation

- Hair removal – done 2 hours before entering surgical suite
- Provide warming blanket

Additional Orders

Prescriber Signature
Date (*dd-Mon-yyyy*)

Time (*hh mm*)