

Form Title Total Hip / Knee Pre-Operative Clinic Orders

Form Number 21402

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Prescriber Signature

Alberta Service	i Health es			
Total Hip / Kne	ee Pre-Operative C	Clinic Orders		
□ Primary □	☐ Revision		Affix pa	tient label within this box
•	latory orders			
 Orders may b entry or by lea All orders mus 	eck Caution Record before order e deleted by stroking the order or aving prompts blank (boxes). st be completed and signed by the res must be timed and dated with	ut and initialing the e prescriber.		
Weight:	kg	Height:	cm	BMI:
■ Follow Provir	ncial Hip & Knee Sur	gical Care Path		<u> </u>
•	<u> </u>	ary care physician to de		of Care
Consults (see	Hip & Knee Surgica	al Care Path for criteria	1)	
☐ Internal Med	icine			

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☐ Ask patient to return to t	their primary care physician to develop	their Goals of Care
Consults (see Hip & Kne	e Surgical Care Path for criteria)	
☐ Internal Medicine		
☐ Anesthesia		
☐ Other		
Personal Directive		
■ Does the Patient have a	a Personal Directive?	
□ No	☐ Yes, personal directive	
Pre-Operative Blood Wo	rk and Tests– see criteria on back pa	age as per Hip & Knee Surgical Care
☐ Electrocardiogram (ECC	G) Complete blood count (CE	BC) □ Electrolytes
☐ Creatinine		
☐ International normalized	ratio (INR)	\square Partial thromboplastin (PTT)
☐ Ferritin if Hemoglobin le	ess than 120 g/L (Female) or less than	130 g/L (Male)
☐ Hemoglobin A1C		☐ Transferrin
☐ Albumin		
☐ Other:		
Revisions only		
	☐ C-reactive protein	
X-Rays - done within 6 n	nonths of surgery, and/or with any c	hanges in condition
Chaot and Cuina		

☐ Albumin	
□ Other:	
Revisions only	
☐ Westergren ☐ C-reactive protein	
X-Rays – done within 6 months of surgery, and/	or with any changes in condition
Chest and Spine	
☐ Chest x-ray (CXR): anterior, posterior, lateral vie	ws – see back for criteria
☐ Cervical spine (C-Spine): flexion extension views	
,	
Knee	Hip
☐ Include templating sphere	☐ Include templating sphere
□ Right □ Left	□ Right □ Left
■ Anterior posterior (AP), weight bearing (WB)	■ Anterior posterior (AP) pelvis, centered at pubis
■ Lateral, 30 degrees flexion	■ Anterior posterior (AP) and lateral of proximal half of
■ Skyline	femur
	Revision
☐ 3 foot standing of bilateral	Chaot through lateral
	☐ Shoot through lateral

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Date (dd-Mon-yyyy)

Time (hh mm)

Table: Preoperative <u>Laboratory Testing Guidelines</u> for Common Comorbidities

Note: This is minimum suggested pre-operative screening, tailor to the Pt's requirements for medical clearance

's discretion
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at S
ımin testing at Surged
albumin
or alb
, and/or albu
ferritin
HbA1c,
reoperative
Preo

☐ **8-HCG** can be offered to premenopausal women who may be pregnant. Surgery need not be cancelled if the Pt declines

Type and Screen not routinely required. May be ordered, at Surgeon's discretion, consideration for bilateral or revision surgery

Condition	СВС	Electrolytes	Creatinine eGFR	INR	A1C	ECG	C-Spines	Chest X-ray
≥60 years old	×		×			×		
Revision Pts	×							
Inflammatory disease (ex. Rheumatoid Arthritis)	×							
Known or suspected anemia, malnutrition, bleeding	>							
disorder, or bone marrow suppression	<							
Cardiovascular Disease (IHD CHF, Valvular HD,	>		>			>		*
Pacemaker)	<		<			<		<
Hypertension		×	×			×		
Chronic Lung Disease (COPD, Pulmonary Fibrosis),	>							>
Smokers >20/day	<							<
Diabetes			×		×	×		
Hepatic Disease (i.e. sclerosis)	×			×				
Renal Disease, Adrenocortical disease	×	×	×					
Therapy with diuretics, oral corticosteroids, lithium,		*	*		×			
DDAVP, or digoxin		<	<		<			
Pt taking Anticoagulants	×			* X				
Malignancy	×							
Radiation or Chemotherapy in last 12 months	×							
Rheumatoid Arthritis							×	
Previous spinal instrumentation or fusion								
Immigrant without chest x-ray in last 12 months								×
# Coumadin = INR; No INR if therapy with warfarin stopped six days pre-operatively	R if therapy	with warfarin stol	pped six days pre	-operatively		ctionated	Unfractionated heparin = PT1	TT
Fractionated heparin = 1	No Action				Antip	latelet Ag	Antiplatelet Agents = No Action	tion