



**Admission**

Patient Name \_\_\_\_\_ Patient DOB \_\_\_\_\_  
 Procedure: \_\_\_\_\_

**Diagnosis:**

Primary Diagnosis [ Bilateral Primary OA of hip M16.0  Unilateral Primary OA, right hip M16.11  Unilateral Primary OA, left hip M16.12  Bilateral Primary OA of knee M17.0  Unilateral Primary OA, right knee M17.11  Unilateral Primary OA, left knee M17.12  Bilateral Primary OA of shoulder M19.0  Unilateral Primary OA, right shoulder M19.011  Unilateral Primary OA, left shoulder M19.012 ]  
 Secondary Diagnosis [ DM 2 E11.8  CAD I25.10  HTN I10  Renal Insufficiency N28.9  Chronic Kidney Disease N18.9  Anticoagulation Therapy Z79.01  Iron Deficiency Anemia, unspecified D50.9  Venous Insufficiency I87.2  Afib I47.891  \_\_\_\_\_ ]  
 Pre-op Lab Z01.812  
 Pre-op General Z01.818  
 Surgery Date \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Covid-19 Vaccine History:**

Has patient received COVID vaccine \_\_\_\_\_ YES \_\_\_\_\_ NO. If YES, please include a copy of the vaccine card and document the information here.  
Date received (m/d/yr) \_\_\_\_\_ Where was vaccine received \_\_\_\_\_  
[ Pfizer #1  Pfizer #2  Moderna #1  Moderna #2  Johnson & Johnson  Additional (type) \_\_\_\_\_ ]

**CPT CODES**

\_\_\_\_\_

**Hospital Status**

CMS recognizes ALL REVISIONS (Hip, Knee or Shoulder) to be Inpatient Only Procedure

All other surgeries are Observation UNLESS you obtain an authorization from a Private Insurance stating differently.

Observation  
 Inpatient

**Allergies**

Update Allergies in the Summary Panel in MEDITECH

**Blood Conservation**

Obtain H&H on Day of Surgery if patient is in Blood Conservation program (see surgery schedule or medical record)  
 Microsample all labs if in Blood Conservation Program

**Nursing Orders**

Insert Catheter Indwelling OR  
 Insert Catheter Indwelling Pre-op Holding  
 Sequential Compression Device Left Calf  
 Sequential Compression Device Right Calf

Physician's Signature \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_



**Preoperative Assessment  
Clinic (PAC) Total Joint Orders  
v7**



**Beaufort Memorial  
HOSPITAL**

- Sequential Compression Device Left Foot
- Sequential Compression Device Right Foot
- Reason for no mechanical prophylaxis
- [  Contraindicated  Refusal of treatment by patient  Refusal of treatment by parent  No response to treatment  Complication of medical care  Patient noncompliance  Patient requests alternate treatment  Treatment not tolerated  Treatment not indicated ]

**Other**

\_\_\_\_\_

**Pre-OP**

Pre-op done @ \_\_\_\_\_

**Medications**

For a revision, hold antibiotic until cultures have been obtained. If NOT a Revision proceed as follows:

**Prophylactic Antibacterial Agents:**

- ceFAZolin sodium (Ancef) 2 grams intravenously On Call (if < or = 120 kg) unless allergic OR
- ceFAZolin sodium (Ancef) 3 grams intravenously On Call (if >120 kg) unless allergic OR
- Vancomycin HCl (Vancocin) pharmacy to dose per protocol intravenously On Call If allergic to cephalosporins, or if patient is actively infected with a MRSA
- Clindamycin phosphate (Cleocin) 900 mg intravenously On Call (if unable to tolerate or allergic to Vancomycin)

Other Antibiotics: \_\_\_\_\_

Tranexamic Acid 1000 mg IV Prior to incision x 1

Tranexamic Acid 1000 mg IV Prior to closure x 1

Intra-articular Injection for Intra-op use (Total Volume 50 mL) - RECK

Ropivacaine 123mg EPINEPHrine 250mcg

Ketorolac 15mg Clonidine 40mcg

Qs to total volume of 50mL

Check box if desired \*\* for true NSAID allergic patients, remove Ketorolac from above formulation \*\*

VTE Prophylaxis Heparin \_\_\_\_\_

Multi Modal Pre-Load Medications - administer 2 hours prior to procedure

PO with sip of water in holding area

Acetaminophen (Tylenol) 650 mg, Celecoxib (Celebrex) 200 mg and Gabapentin (Neurontin) 300 mg

Other \_\_\_\_\_

**Miscellaneous**

Type and Screen

Obtain Consent for Blood Transfusion

Obtain Consent Procedure \_\_\_\_\_

Prep for Procedure [ Per Protocol  Additional or Other Prep \_\_\_\_\_ ]

Other \_\_\_\_\_

**Special**

\_\_\_\_\_

Physician's Signature

Date \_\_\_\_\_ Time \_\_\_\_\_



**ORD**

**PATIENT  
STICKER**