



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

Please verify insurance status for Total Knees and Total Hips as the majority of insurances, including Medicare/Medicare HMO insurance, approve Observation status only however a few Private insurances are still approving Inpatient status

CMS still recognizes Total Knee Revisions and Total Hip Revisions to be Inpatient

As of January 1, 2020 all Total Knees and Total Hips are off of the Medicare Inpatient Only list and CMS will recognize them as Observation surgeries.

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

Physician's Signature _____

Date _____ Time _____



ORD

PATIENT
STICKER



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

Obtain Consent [Blood Transfusion Procedure _____]

Prep for Procedure [Per Protocol Additional or Other Prep _____]

Other _____

Special

Physician's Signature

Date _____ Time _____



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