If appropriate for this patient:
- Stop or hold therapeutic anticoagulation
- Stop heparin infusion 4 to 6 hours prior to surgery
- Hold prophylactic LMWH for at least 12 hours before anticipated neuraxial anesthetic
- Hold LMWH for 24 hours if therapeutic dose being used prior to neuraxial anesthetic

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Allergies</th>
</tr>
</thead>
</table>

**General: Inpatient Pre-op**

**Case Request**

- [ ] Case request operating room - **Required**
  - Primary provider: ___________________________ **Required**
  - Location: ___________________________ **Required**
  - Procedure: ___________________________ **Required**
  - Pre-op diagnosis ___________________________ **Required**
  - Pre-op risk screen completed ___________________________ **Required**

- [ ] Other

**SAH, SCH, SFH, SJMC & Highline Code Status** (Single Response)

- ( ) Full code
  - This code status was determined by: ___________________________ **Required**
  - Pre-op

- ( ) Full treatment WITH intubation but WITHOUT ACLS
  - This code status was determined by: ___________________________ **Required**
  - Pre-op

- ( ) Full treatment WITHOUT intubation and WITHOUT ACLS
  - This code status was determined by: ___________________________ **Required**
  - Pre-op

- ( ) Comfort Care
  - This code status was determined by: ___________________________ **Required**
  - Pre-op

- [ ] Other

**Harrison Code Status** (Single Response)

- ( ) Full code
  - This code status was determined by: ___________________________ **Required**
  - Pre-op

- ( ) Full treatment WITH intubation but WITHOUT ACLS
  - This code status was determined by: ___________________________ **Required**
  - Pre-op

- ( ) Full treatment WITHOUT intubation but WITH ACLS
  - This code status was determined by: ___________________________ **Required**
  - Pre-op

- ( ) Full treatment WITHOUT intubation and WITHOUT ACLS
  - This code status was determined by: ___________________________ **Required**
  - Pre-op

- ( ) Comfort Care
  - This code status was determined by: ___________________________ **Required**
  - Pre-op

- [ ] Other

**Vital Signs**

- [ ] Vital signs
  - Routine, Per unit routine, Starting today, Pre-op

**Provider Initial:** ___________________________
<table>
<thead>
<tr>
<th>Indication:</th>
<th>Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q15 minutes</td>
<td>Q (number of occurrences):</td>
</tr>
<tr>
<td>Q30 minutes</td>
<td>Q (number of occurrences):</td>
</tr>
<tr>
<td>Q1 hour</td>
<td>Q (number of occurrences):</td>
</tr>
<tr>
<td>Q2 hours</td>
<td>Q (number of occurrences):</td>
</tr>
<tr>
<td>Q4 hours</td>
<td>Q (number of occurrences):</td>
</tr>
<tr>
<td>Then: Per unit routine</td>
<td>Pre-op, Until discontinued, Starting today</td>
</tr>
</tbody>
</table>

**Cardiac/Pulse Monitoring (Pre-op)**

<table>
<thead>
<tr>
<th>Pulse Oximetry</th>
<th>Routine, Once, Starting today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep O2 saturation greater than or equal to: Pre-op</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuous Pulse Oximetry</th>
<th>Routine, Until discontinued, Starting today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep O2 saturation greater than or equal to: Pre-op</td>
<td></td>
</tr>
</tbody>
</table>

| Cardiac monitoring | Routine, Until discontinued, Starting today, Pre-op |

**Consents**

<table>
<thead>
<tr>
<th>Verify hospital consent form completed and signed</th>
<th>Routine, Once, Starting today, Pre-op</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Verify informed consent by completing hospital consent form to read as above for procedure</th>
<th>Routine, Once, Starting today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate one of the following to confirm the patient/representative has given informed consent for blood products. Pre-op</td>
<td></td>
</tr>
</tbody>
</table>

**Activity**

<table>
<thead>
<tr>
<th>Activity as tolerated</th>
<th>Routine, Until discontinued, Starting today, Pre-op</th>
</tr>
</thead>
</table>

**Diet**

<table>
<thead>
<tr>
<th>Diet NPO</th>
<th>Diet effective now, Starting today</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPO Except:</td>
<td>Diet Comments: Pre-op</td>
</tr>
</tbody>
</table>

**Nursing Interventions**

<table>
<thead>
<tr>
<th>Retention Catheter Panel</th>
<th>Routine, As needed, Starting today, Insert as needed for inability to void or feelings of discomfort or distention.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert urinary retention catheter</td>
<td>Initiate Medical Staff Approved Urinary Catheter Protocol, Pre-op</td>
</tr>
</tbody>
</table>

| Urinalysis with culture, if indicated, upon insertion | Daily, Starting today with First Occurrence Include Now For 2 Occurrences. Obtain a UA-R upon insertion and repeat UA-R prior to 48 hours post-insertion., Pre-op |

**Provider Initial:**

---

**GYN Surgery Pre-Op**

**PATIENT INFORMATION**

---

**PHYSICIAN ORDERS**

---

**Franciscan Health System**

- St. Joseph Medical Center
- St. Francis Hospital - St. Clare Hospital
- St. Elizabeth Hospital - St. Anthony Hospital
- Highline Medical Center
- Harrison Medical Center
- Franciscan Medical Group
- Harrison HealthPartners
- Regional Hospital

**Page 2 of 8**

**GYN Surgery Pre-Op**

**[30400612]**
**GYN Surgery Pre-op**

### Oxygen therapy
- **Use protocol:** O2 Delivery Method: Nasal cannula
- **Titrate to saturation:** 92%
- **Indications for O2:** Hypoxemia
- **Indicate LPM/FIO2:** Pre-op

### Pre-Op Orders: Used to have tests done pre-operatively the day of surgery

#### Pre-Anesthesia Testing Protocol
- **Initiate Pre-Anesthesia Testing Protocol Physician Order #009**
- **Chemistry Pre-Op**
  - Providers: If GFR decreased and patient requires IV contrast study, consider hydrating patient using Hydration Order for Reducing Risk of Radiocontrast induced Nephrotoxicity. Physician Order # 683.
  - **Comprehensive metabolic panel**
    - Once, Starting today, Pre-op
  - **Basic metabolic panel**
    - Once, Starting today, Pre-op
  - **hCG, serum, qualitative**
    - Once, Starting today, Pre-op
  - **Other**
- **Hematology Pre-Op**
  - **CBC and differential**
    - Once, Starting today, Pre-op
  - **Other**
- **Coagulation Pre-Op**
  - **Protime-INR**
    - Once, Starting today, Pre-op
  - **Activated partial thromboplastin time**
    - Once, Starting today, Pre-op
  - **Other**
- **Microbiology Pre-Op**
  - **MRSA by PCR**
    - Once, Starting today, Pre-op
    - Place on contact precautions, if indicated, per MRSA Screening Protocol. Culture suspected infection per protocol., Pre-op
    - **Specimen source:** _________________________
  - **Other**
- **Urine Pre-Op Testing**
  - **Uricalysis with culture, if indicated**
    - Once, Starting today, Pre-op
  - **Urine HCG**
    - Once, Starting today, Pre-op
  - **POCT pregnancy, urine**
    - Routine, Once, Starting today, Pre-op
  - **Other**

---

**Provider Initial:**

**Page 3 of 8**

**GYN Surgery Pre-op  [30400612]**
Blood Pre-op
If blood products needed, please use order set #632 - General Blood Administration

<table>
<thead>
<tr>
<th>Type and screen</th>
<th>Once, Starting today, Pre-op</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Imaging

<table>
<thead>
<tr>
<th>X-ray chest PA and lateral</th>
<th>Routine, 1 time imaging, Starting today For 1 Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Is the patient pregnant? Required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the patient pregnant?</th>
<th>Required</th>
</tr>
</thead>
</table>

| Other                     |          |

SAH, SCH, SFH, SJMC & Harrison Cardiac Studies

<table>
<thead>
<tr>
<th>ECG 12 lead unit performed</th>
<th>Routine, Once, Starting today For 1 Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Reason for Exam (Signs &amp; Symptoms): Required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Exam (Signs &amp; Symptoms):</th>
<th>Required</th>
</tr>
</thead>
</table>

| Other                     |          |

Highline Cardiac Studies

<table>
<thead>
<tr>
<th>ECG 12 lead</th>
<th>Routine, Once, Starting today For 1 Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Reason for Exam (Signs &amp; Symptoms): Pre-op</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Exam (Signs &amp; Symptoms):</th>
<th>Pre-op</th>
</tr>
</thead>
</table>

Ambulatory PAT Orders: Used to have tests done prior to day of surgery

Pre-Anesthesia Testing Protocol

<table>
<thead>
<tr>
<th>Initiate Pre-Anesthesia Testing Protocol Physician Order</th>
<th>Routine, Clinic Performed, Pre-Admit Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>#009</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Pre-Admit Testing Chemistry

| Comprehensive metabolic panel | Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing |
| Basic metabolic panel         | Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing |
| hCG, serum, qualitative       | Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing |
| Other                        |                                                             |

Pre-Admit Testing Hematology

| CBC and differential | Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing |
| Other                |                                                             |

Pre-Admit Testing Coagulation

Provider Initial:
**Activated partial thromboplastin time**
- Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing

**Protime-INR**
- Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing

**Other**

### Pre-Admit Testing Urine

- **Activated partial thromboplastin time**
  - Routine, Lab Collect, Expires: 6/3/15, Pre-Admit Testing
- **Protime-INR**
  - Routine, Clinic Collect, Expires: 6/3/15, Pre-Admit Testing
- **POCT pregnancy, urine**
  - Routine, Pre-Admit Testing

**Other**

### Pre-Admit Testing Blood

- **Type and screen**
  - ASAP, Lab Collect, Expires: 6/3/15, Pre-Admit Testing

**Other**

### SAH, SCH, SFH, SJMC & Harrison Pre-Admission Testing Imaging / Tests

- **ECG 12 lead unit performed**
  - Routine, Ancillary Performed, Reason for exam: ___ Required
  - Pre-Admit Testing
- **X-ray chest PA and lateral**
  - Routine, Ancillary Performed, Reason for exam: ___ Required
  - Pre-Admit Testing

**Other**

### Highline Pre-Admission Testing Imaging

- **ECG 12 lead**
  - Routine, Ancillary Performed, Reason for exam: ___ Required
  - Pre-Admit Testing
- **X-ray chest PA and lateral**
  - Routine, Ancillary Performed, Reason for exam: ___ Required
  - Pre-Admit Testing

**Other**

### VTE Prophylaxis: Pre-op

- **Place sequential compression device**
  - Routine, Until discontinued, Starting today
  - Stocking Type: Knee high
  - Apply SCD's: Both legs
  - Pre-op

- **Place TED hose**
  - Routine, Until discontinued, Starting today
  - Stocking type: _____________________
  - Leg choice: _____________________
  - Pre-op

- **Reason for No VTE Prophylaxis (Mech)**
  - Reason for no VTE prophylaxis (mechanical):
  - Note to provider: Reason required to be in in compliance with CMS SCIP guidelines

**Other**

### Highline Post-op VTE Prophylaxis Mechanical

---

**Provider Initial:**

---

**Page 5 of 8**

**GYN Surgery Pre-Op [30400612]**
[X] Place sequential compression device  
Routine, Until discontinued, Starting today  
Apply sequential compression device: Both Legs  
Ensure correct VTE choices, need mechanical VTE prophylaxis if no pharmacologic prophylaxis, please see SCIP guidelines, PACU & Post-op

[] Reason for No VTE Prophylaxis (Mech)  
Reason for no VTE prophylaxis (mechanical):  
Note to provider: Reason required to be in compliance with CMS SCIP guidelines

[] Other

Pre-op VTE Prophylaxis Pharmacological

[] heparin (porcine) injection 5,000 units/mL  
5,000 Units, SubCutaneous, Once, For 1 Doses, Pre-op  
On admission to surgical unit  
Routine

[] enoxaparin (LOVENOX) syringe 30 mg  
30 mg, SubCutaneous, Once, For 1 Doses, Pre-op  
On admission to surgical unit  
Routine

[] enoxaparin (LOVENOX) syringe 40 mg  
40 mg, SubCutaneous, Once, For 1 Doses, Pre-op  
On admission to surgical unit  
Routine

[] Reason for No VTE Prophylaxis (Pharm)  
Reason for no VTE prophylaxis (pharmacological): High risk of bleeding  
Note to provider: Reason required to be in compliance with CMS SCIP guidelines

[] Other

IV Fluids

IV Fluids Pre-Op

[] Saline Flush and Lock Panel

[] sodium chloride 0.9 % syringe  
2 mL, IntraVENous, Every 8 hours, Pre-op, Routine

[] Saline lock IV  
Routine, Continuous, Starting today, Pre-op

[] sodium chloride 0.9% (NS) infusion  
100 mL/hr, IntraVENous, Continuous, Pre-op  
If renal failure patient use 0.9% sodium chloride (Normal Saline)  
Routine

[] lidocaine (XYLOCAINE-MPF) local injection 1%  
0.5-10 mL, SubCutaneous, As needed, local anesthetic for IV access, Pre-op  
May use local anesthetic for IV access  
Routine

[] dextrose 5 % in lactated ringers infusion  
125 mL/hr, IntraVENous, Continuous, Pre-op, Routine

[] lactated ringers infusion  
125 mL/hr, IntraVENous, Continuous, Pre-op, Routine

[] Other

Medications: Pre-op

Harrison pharmacy consult- SCIP antibiotics

[] Pharmacy Consult: Antibiotics  
Routine, Once, Starting today For 1 Occurrences

[] Other

Pre-Op Antibiotics

Provider Initial: ____________________
To be given by anesthesia within 60 minutes of incision or within 120 minutes for Levoflaxcin

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>cefAZolin (ANCEF) IV</td>
<td>1 g, IntraVENous, Once, For 1 Doses, Pre-op</td>
<td>If cefazolin is used for hysterectomy prior to colon procedure, and redosing is required, redose with cefoxitin Routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cefAZolin (ANCEF) IV - For patients greater than 80 kg</td>
<td>2 g, IntraVENous, Once, For 1 Doses, Pre-op</td>
<td>If cefazolin is used for hysterectomy prior to colon procedure, and redosing is required, redose with cefoxitin Routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cefOXitin (MEFOXIN) IV</td>
<td>1 g, IntraVENous, Once, For 1 Doses, Pre-op</td>
<td>If cefazolin is used for hysterectomy prior to colon procedure, and redosing is required, redose with cefoxitin Routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cefOXitin (MEFOXIN) IV - for patients greater than 80 kg</td>
<td>2 g, IntraVENous, Once, For 1 Doses, Pre-op</td>
<td>If cefazolin is used for hysterectomy prior to colon procedure, and redosing is required, redose with cefoxitin Routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clindamycin 600mg - Gent 1.5mg Panel - for pubovaginal sling procedure only</td>
<td>600 mg, IntraVENous, Once, For 1 Doses, Pre-op (For pubovaginal sling procedure only) Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clindamycin 900mg Gent 1.5mg Panel - pubovaginal sling procedure only</td>
<td>900 mg, IntraVENous, Once, For 1 Doses, Pre-op (For pubovaginal sling procedure only) Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metronidazole 500mg -Gentamicin 1.5mg Panel - pubovaginal sling procedure only</td>
<td>500 mg, IntraVENous, Once, For 1 Doses, Pre-op For pubovaginal sling procedure only. Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-op Metronidazole 500 - Gent 1.5 g Panel</td>
<td>Inpatient and Outpatient Indications: Colon / Transrectal Prostate Biopsy / Pubovaginal Sling / Hysterectomy or Hysterectomy + Colon</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GYN Surgery Pre-Op [30400612]

PHYSICIAN ORDERS

PATIENT INFORMATION

Provider Initial: ____________________________

Date: ______ Time: ______ Printed Name of Ordering Provider: ____________________________________________

Provider Signature: ____________________________________________________________

Date: ______ Time: ______ RN Acknowledged: ____________________________________________

Entered into Epic: Date: ______ Time: ______ Signature: ____________________________________________

**MetroNIDAZOLE (Flagyl) IVPB 500 mg (premix)**
- 500 mg, Intravenous, Once, For 1 Doses, Pre-op
  - (For pubovaginal sling procedure only)
  - If PCN Allergic PLUS Documented Beta-Lactam Allergy Routine

**Gentamicin < 120mg/50 mL IVPB (standard dosing)**
- 1.5 mg/kg, Intravenous, for 30 Minutes, Once, For 1 Doses, Pre-op
  - (For pubovaginal sling procedure only)
  - If PCN Allergic PLUS Documented Beta-Lactam Allergy Routine

**Clindamycin 600mg - Gent 1.5mg Panel**
- Clindamycin (Cleocin) IV Syringe
- 600 mg, Intravenous, Once, For 1 Doses, Pre-op
  - If PCN Allergic PLUS Documented Beta-Lactam Allergy Routine

**Clindamycin 900mg Gent 1.5mg Panel**
- Clindamycin (Cleocin) IV Syringe - (For patients greater than 80 kg)
- 900 mg, Intravenous, Once, For 1 Doses, Pre-op
  - If PCN Allergic PLUS Documented Beta-Lactam Allergy Routine

**Metron 500mg-Levofloxacin 500mg Panel**
- Not for pubovaginal sling procedure

**Other**