

SPINE/NEUROLOGICAL PRE-OPERATIVE PHYSICIAN ORDERS

Attn: Pre-Assessment Fax (805) 418-1386 / Phone (805) 418-1354 or (805) 418-1355

Patient: _____ DOB: _____

Physician: _____ Surgery Date: _____ Time: _____ AM PM

Diagnosis: _____ Patient Type: Inpatient Outpatient

Allergies: _____

History and Physical to be performed by: _____ M.D.

Consent to Read: _____

NPO after Midnight

Pre-Operative Prep: _____

CXR EKG (> 50 years old per Anesthesia protocol)

Pre-Op Antibiotic:

ANCEF 1 gram IV within 60 minutes prior to incision

VANCOMYCIN 1 gram IV within 60 minutes prior to incision **Documented justification for use required**

Reserved for the treatment of serious infection with β lactam resistant organisms or for treatment of infection in patients with life threatening allergy to β lactam antimicrobials

VTE Prophylaxis based on: Low Risk Moderate Risk High Risk None Contraindicated: _____

Compression Device: Sequential Plexi Pulse Bilateral Right Left Ted Hose: Knee High Thigh High

Other Pre-Op Orders: _____

No Lab work required Lab work completed by internal medicine MD (Please fax to Pre-Assessment RN) Labs will be done at alternate Lab (name of Lab.)

LABORATORY TESTS

CHEMISTRY

- Electrolytes:
Na,K,Cl,C02
- Basic Metabolic
Na,K,Cl,C02,Glu,BUN,Creat,Ca
- Comprehensive Metabolic:
Na,K,Cl,C02, Glu, BUN, Creat,TP,ALB,CA,
TBil,Alk Phos,ALT,AST

URINALYSIS

- UA W/REFLEX MICROSCOPE

OTHER LAB ORDERS:

SEROLOGY

- Pregnancy Test, Serum
- Pregnancy Test, Urine

HEMATOLOGY

- CBC, Auto Diff
- HGB & HCT
- Hemogram
- Westergren Sed Rate
- Protine
- PTT

MICROBIOLOGY

- MRSA Nasal Swab

BLOOD BANK

- Blood Type
- Type & Screen
- Type & Cross
- # _____ Autologous
- # _____ Designated Donor
- # _____ Random

FOR LAB USE ONLY

- Fasting Y N
- Blood Thinners Y N
- Previous Transfusion Y N
- Pregnant < 3 months Y N

Physician's Signature: _____ Date: _____ Time: _____

RN Signature: _____ Date: _____ Time: _____

Please fax this form, H&P test results, and patient medication list, prior to surgery, to the Pre-Op department at Fax No. (805) 418-1386



Thousand Oaks Surgical Hospital
401 E. Rolling Oaks Drive • Thousand Oaks, CA 91361 • (805) 777-7750

PRE-OPERATIVE PHYSICIAN ORDERS
SPINE / NEUROLOGICAL
MR136Revised 01/09 Reviewed 8/10

Patient Label: