Cabell Huntington Hospital

Day of Surgery
Perioperative Testing

Directions: 1. Indicate choice when options are available by placing a check in the box ☑
2. Mark through entire line any prechecked item you ***do not*** wish to order ~~☑ mark through~~

☐AM Admission ☐Outpatient Surgery ☐Surgery Date:_____ ☐Arrival Time: _____

Surgical Procedure:

Attending Physician: Diagnosis:

Age: _____ Birthdate: _____

ALLERGIES: ☐NKA **ALLERGIC to:**

SURGERY SERVICES: ADULT PERIOPERATIVE TESTING:

VITAL SIGNS:

☑ Vital signs per unit protocol

IV SOLUTIONS: (day of surgery)

☐ Lactated Ringers (1000 ml) IV infuse at 75 ml/hour for hydration (*Do not use on* patient having dialysis, renal failure, and/or diabetes**)**

☐ Sodium Chloride 0.9% (500 ml) IV infuse at 75 ml/hour for hydration (Use for: patient scheduled for ENT procedure, and/or patient with diabetes)

☐ Sodium Chloride 0.9% (500 ml) IV infuse via microdrip IV set at 10 ml/hour to maintain access (Use for: patient with renal failure and/or patient receiving dialysis)

PATIENT CARE:

☑ Insert peripheral IV upon admission to Outpatient Surgery or Endoscopy

☐ Glucoscan ☐pre-operatively ☐intra-operatively ☐post-operatively;
indication: ☐assess glucose control if known history of diabetes mellitus ☐elevated blood glucose pre-op

LABORATORY:

☐ **CBC** w/diff, indication: ☐history of blood loss ☐anemia ☐hematologic symptoms/disease ☐Other_____

Order Beta HCG on all females: onset mensus through age 50 (except previous hysterectomy/tubal ligation):

☐ **Beta HCG** (within 7 days of surgery), indication: possible pregnancy

☐ **Beta HCG Urine** (within 7 days of surgery), indication: possible pregnancy

☐ **BMP,** indication: ☐congestive heart failure (CHF) ☐renal insufficiency ☐diuretic therapy ☐digoxin ☐angiotension receptor blockers (ARB) ☐ (ACE) inhibitors ☐Other_____

☐ **PT/INR**, indication: ☐chronic liver disease ☐malnutrition ☐history of bleeding tendencies ☐anticoagulant therapy (example: **Coumadin**) ☐Other_____

☐ **PFA**, indication:☐scheduled to receive regional anesthesia ☐on high dose **ASA** (325 mg or greater) ☐on **Plavix/Ticlid** ☐history of sickle cell anemia ☐Other_____

☐ **aPTT**, indication: ☐anticoagulant therapy (within past 5 days) (example: **Heparin**) ☐Other_____

☐ **Urinalysis**,(C&S if indicated) indication: dysuria ☐Other_____

☐ **CCP**, indication: ☐liver disease ☐nephropathy ☐enteropathy ☐recent severe illness ☐diabetes mellitus ☐hypertension ☐renal insufficiency ☐Other_____

LABORATORY: Cont'd

Patient Identification

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☐ **Type and Screen**, indication: surgery with anticipated significant blood loss

☐ **Crossmatch** x ___ units, indication: surgery, anticipated significant blood loss, baseline hgb less than 8 (if blood products within the past 3 months, type and crossmatch)

☐ **RPR**, indication: syphilis

RADIOLOGY:

☐ **Port chest**, indication: ☐known cardiac/pulmonary disease (if greater than 1 year since last chest xray) ☐physical examination findings of cardiopulmonary disease exacerbation ☐wheezing ☐cough ☐edema ☐other: _____

☐ **Chest PA and lat**, indication: ☐known cardiac/pulmonary disease (if greater than 1 year since last chest xray) ☐physical examination findings of cardiopulmonary disease exacerbation ☐wheezing ☐cough ☐other: _____

CARDIOLOGY:

☐ EKG, indication: ☐cardiovascular symptoms/disease ☐Other_____
☐two or more risk factors (circle): smoking obesity diabetes hypercholesterolemia

CONSULTS:

☐ Consult Anesthesiologist; indication: pre-operative evaluation

ADDITIONAL ORDERS:

Physician/Provider Pager Date___/___/___Time:____

☐ Verbal Order Verification Signature Date___/___/___Time:____

Patient Identification