| Admit to Pre-O | p on D | r | |
|--------------------|--|--|----------------------|
| | SDS | Scheduled Admi | t |
| Dx: | | 100 | |
| Procedure: | | | |
| Consent type: | ☐ Electronic ☐ Paper ☐ C | Consent not signed | |
| Anesthesia: | General Local M | MAC Choice | ☐ Intrascalene Block |
| Allergies: | NKDA Other: | | |
| Pre-op H&P: | ☐ Please schedule pre-op H&P Provider ☐ H&P done on ☐ Pt to schedule | | |
| Antibiotic: | ☐ Ancef 1 gm IV prior to surgery ☐ Ancef 2 gms IV prior to surgery ☐ Clindamycin 600 mg IV prior to surgery ☐ Vancomyacin gm IV 1 hour prior to surgery ☐ Other: | | |
| Equipment: | ☐ C-Arm ☐ C-Arm mini ☐ Stryker ☐ Hand Set | ☐ Arthrex ☐ K-Wire/Driver | |
| Medications: | ☐ Tranexamic Acid 1gm IV pre-op ☐ Tranexamic Acid 3grams in 100r ☐ Gabapentin 100mg PO x 1 pre-op ☐ Vital-Gel ☐ Oxycontin 10mg PO x 1 pre-op ☐ Tylenol 1000mg PO x 1 pre-op | amic Acid 3grams in 100ml NaCl intra-op (intra-articular injection) entin 100mg PO x 1 pre-op Gel Celebrex 400 mg PO x 1 pre-op This is a sum of the contraction | |
| Provider Signature | | Date | Time |

broadlawns

Ortho Pre-Op Orders—DOWNTIME

D/MR-5964 62100 (09/07; 02/10; 08/14; 08/16)^{dip}