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Pre-Op Spine Orders v2

Admission

- Patient Name: \_\_\_\_\_
- Patient DOB: \_\_\_\_\_
- Procedure: \_\_\_\_\_
- Height: \_\_\_\_\_
- Weight: \_\_\_\_\_

Hospital Status

- Inpatient
- Observation
- Outpatient
- Note: Observation is for further evaluation of patient's condition due to diagnosis
- Note: Outpatient is for normal or extended recovery for IV infusions, blood transfusions and other short-term outpatient procedures or services

Allergies

- Update Allergies W Reactions: \_\_\_\_\_

Pre-OP

- BMH Pre-OP
- PCM Pre-OP

Laboratory

- CBC W Auto Differentiation
- Prothrombin Time
- Partial Thromboplast Time
- Urinalysis
- Culture, Urine
- Metabolic Panel (Basic)
- Type & Screen
- Crossmatch \_\_\_\_\_ Units
- Pregnancy Test (Serum)

Radiology

- Chest Pa And Lateral  
Reason for Exam: Preoperative Screening

Cardiology

- Electrocardiogram  
Reason for exam: Preoperative Screening

Diet

- NPO past midnight

Physician Signature: \_\_\_\_\_

Date / Time: \_\_\_\_\_

PATIENT STICKER



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Pre-Op Spine Orders v2

Nursing Orders

- Request A-Line
- Sequential Compression Device (SCD) Left Calf
- Sequential Compression Device (SCD) Right Calf
- Sequential Compression Device (SCD) Left Foot
- Sequential Compression Device (SCD) Right Foot
- Reason for no SCD's
  - CIRCLE ONE:
  - Acquired deform lowr limb                      AKA left    AKA right
  - Amputation L leg                                      Amputation R leg                                      Amputee
  - Amputee – limb                                        At risk for falls                                        BKA left
  - BKA right    Bil traum amp legs w comp                        Bil traum amp legs wo com
  - Burn of lower limb                                    Clouded consciousness                                Confusional state
  - Congestive heart failure                            Critical lower limb ische                                Dermatitis
  - Deformity of leg                                        DVT lower extremity                                    Edema of leg
  - Edema of lower extr                                    Hx lower limb amputation                            Hx occl dz lower extr art
  - Hypervolemia    Injury of lower extremity                                Ischemia lower limb
  - Ischemia peripheral                                    Peripheral vascular dz                                    Surg proc on lower extr
  - Skin graft disorder                                    Suspected DVT    Vasc insufficiency limb
  - Sensory neuropathy
- Obtain Consents Procedure
- Obtain Consents Blood Transfusion
- Other : \_\_\_\_\_

Medications

- Antibiotics : \_\_\_\_\_

Special

- C-Arm
- SCM
- Cell Saver
- Wilson Table
- Mayfield Tongs
- Gardner's Wells Tongs
- Danek BMP
- Spacers
- Signature

Physician Signature: \_\_\_\_\_

Date / Time: \_\_\_\_\_





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**CPT Code**

- 63075
- 22846
- 63056
- 22614
- 63076
- 22851
- 63057
- 22840
- 22554
- 20660
- 63047
- 22842
- 22585
- 63030
- 63048
- 22851
- 22845
- 63042
- 22612
- 20936
- \_\_\_\_\_
- \_\_\_\_\_

**ICD-9**

ICD-9 : \_\_\_\_\_

**Reminders**

- Sign and Date Verbal Orders within 24 hours or Fax (843)521-8386  
Admission Fax (843)522-5741

Physician Signature: \_\_\_\_\_

Date / Time: \_\_\_\_\_

**PATIENT STICKER**