



Regional Pre-Printed Orders for Total Hip / Knee Replacement Pre Operative



Form ID: DRDO106035C

Rev: Oct 16, 2017

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DRUG & FOOD ALLERGIES

- **Mandatory** **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

Orders to be Completed by Pre Admission Unit

Diet:

- No solid foods after midnight or _____
- May drink clear fluids up to 4 hours prior to surgery
- Drink 1 ½ cups of clear fluids (apple or cranberry) 2 hours before hospital check in time (4 hours before surgery), unless instructed otherwise by Anesthesiologist in Pre-Admission Clinic
- Provide patient instructions per the Pre-Admission Clinic Handout.

Preoperative Skin Preparation:

- Preoperative Skin Preparation. A total of 3 neck to toe washes or showers using 4% Chlorhexidine wash or sponge product. Washes start two evenings before surgery, then night of surgery and final the morning of surgery
- Provide patient instructions per the Pre-Admission Clinic Handout.
- Other _____

Laboratory/Diagnostics:

- As indicated below **OR** see OR Booking Form
 - CBC
 - Electrolytes (CP7)
 - Hgb A1C if diabetic
 - INR and PTT
 - Group and Screen
- ECG
- X-Ray (specify joint and views)
 - AP pelvis to show proximal 1/3 both femurs
True lateral _____ hip
 - Judet views
 - AP/Lat _____ femur
 - Standing AP 36" and 17" both knees
Lateral/ Notch/ Skyline _____ knee
 - AD & Lat standing _____ knee, 36" AP both legs

Other: _____

Consults:

- Anesthesiologist
- Physiotherapist
- Other: _____

Date (DD/MMM/YYYY)	Time	Prescriber Signature	Printed Name or College ID#



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Admit Day of Surgery/ Surgical Daycare

- Glucometer if diabetic
- Chlorhexidine wipes to surgical site - do not rinse

Intravenous

- Start Lactated Ringer's IV at 100 mL/hour or _____ #18 gauge angiocath or larger
- Start Normal Saline IV at 100 mL/hour or _____ #18 gauge angiocath or larger

Antibiotic Prophylaxis:

- Administer 60 minutes or less before incision:
 - For **ceFAZolin** and **clindamycin** - send to OR
 - For **vancomycin** - ensure infusion is completed in Admit Day of Surgery Unit

- ceFAZolin** 2000 mg IV (if weight less than 120 kg)
- ceFAZolin** 3000 mg IV (if weight 120 kg or greater)

OR

For patients with *significant penicillin / cephalosporin allergy*

- clindamycin** 900 mg IV

OR

For patients known *MRSA colonization:*

- vancomycin** 1000 mg IV (if weight less than 80 kg) over 60 minutes
- vancomycin** 1500 mg IV (if weight 80 kg or greater) over 90 minutes

Analgesics: Give the below analgesics unless analgesic orders from Pre- Admission Anesthesiologist on chart

- acetaminophen** 1000 mg PO 2 hours pre-op with a sip of water
- celecoxib** 200 mg PO 2 hours pre-op with a sip of water (contraindicated if: ASA, NSAID allergy, cardiac history or: eGFR equal to or less than 60 mL/min.)

Other Medications or Orders: _____

Date (DD/MMM/YYYY)	Time	Prescriber Signature	Printed Name or College ID#