

**Preoperative Total Joint Replacement, Adult**
**Admit to:**

- Admit Status:         Admit to hospital - Inpatient
- Bed Type;             Medical/Surgical

**Diagnosis :**

- Total Knee Replacement    : \_\_\_\_\_ Left, \_\_\_\_\_ Right
- Total Hip Replacement        : \_\_\_\_\_ Left, \_\_\_\_\_ Right

- Surgery Date: \_\_\_\_\_

**Diet**

- NPO

**Allergies: \_\_\_\_\_**

- No Known Drug Allergies

**Medications**

- celecoxib 200 mg cap orally once 1-2 hours pre-op with a sip of water - for Dr. Glaeser and Dr. VanDommelen's patients. Hold if patient allergic to Sulfa
- Prophylactic Antibacterial Agent (according to patient allergy history and procedure)
- Prophylactic antibacterial agents should be initiated within 1 hour prior to surgical incision (or within 2 hours if vancomycin or a fluoroquinolone is used); use antibacterial agents that follow guidelines
- If patient allergic to Alternative Antibiotics AND Penicillins (Shortness of breath or anaphylaxis) or Cephalosporins call the physician for orders.
- If procedure lasts more than 4 hrs or if excessive bleeding consider re-dosing prophylactic antibiotic

<b>Surgical Procedure</b>	<b>No Allergy to Penicillins (Shortness of breath or anaphylaxis) or cephalosporins</b>	<b>Allergic to Penicillins (Shortness of breath or anaphylaxis) or Cephalosporins</b>
Orthopedic	ceFAZolin 1 gram intravenously once , within 1 hour prior to surgical incision, increase dose to 2 gm if patient greater than 79 kg	clindamycin in D5W 600 mg/50 ml IV piggy back once , within 1 hour prior to surgical incision

**Nursing**

- Diagnostics per St. Nicholas Hospital pre-procedure Diagnostic Testing Recommendations (unless otherwise specified)
- Prepare Consent form if not already on the chart

**Laboratory to be completed one day prior to surgery**

- Type and crossmatch 2 units; use autologous units if available
- Urinalysis (UA) with microscopy -Clean Catch- if not done in the last 2 weeks
- Prothrombin time (PT) and international normalized ratio (INR) -if patient is on Warfarin (coumadin) in the past 2 weeks

**DVT Prophylaxis**

- Elastic stockings -apply to the non-operative leg- thigh high unless the patient is obese and appropriate fit cannot be obtained.(Graduated Compression Stockings)

**Physician Signature \_\_\_\_\_**
**Date \_\_\_\_\_ Time \_\_\_\_\_**

Please initial each place that a deletion, addition, or strike through has occurred.  
Any change made after initial authentication requires a new order sheet.

**Please Fax orders to 920-451-7236**

SURG250E 5/10