

SMH Block

FAXED TO: 917-2506

PATIENT SCHEDULING INFORMATION

SURGERY DATE: _____ Time: _____

PRETEST DATE: _____ Time: _____

SURGEON: _____

Assistant: _____ Length: _____

OutPt InPt Inhouse Pt Visit ID #: _____

Med Record #: _____ Self Pay

Insur: _____

Pol #: _____

Auth #: _____ ICD10: _____

CPT Code: _____ (Incl copy of insur card; use main CPT code only)

LAST NAME FIRST MI

M F DOB: _____ Last 4 digits SS #: _____

Phone #: _____ Alt Ph #: _____

DOS Arrival Time: _____ via: ECF w/c stretcher

Please address each of the following:

- Y N Metal Allergies
- Y N Jehovah Witness
- Y N Pregnant
- Y N Images: PACS To Preop Phys has
- Y N Devices: AICD* *If YES see below* Pacemaker
- Y N Cardiac Stent: Anti-platelet med mgmt initiated? Y / N / Unk

PROCEDURE & PRETESTING ORDERS

PROCEDURE and CONSENT: Left Right Bilateral _____

(list side each procedure and do not abbreviate)

DIAGNOSIS: _____

(written, no codes)

ANESTHESIA:

- General
- LMA
- IVCS
- Choice

POSITION:

- 3/4 Prone
- Lateral
- Right-side up
- Left-side up
- Supine
- Prone

SPECIAL TOOLS:

- Aspect Monitor
- Bean Bag
- C-Arm/Monitor 9800
- Cellsaver
- Gel Chest Rolls
- Headrest-Horseshoe
- Headrest-Mayfield
- Levo Positioner
- Metrix
- Microscope
- Nerve Monitor
- Radiolucent Mayfield
- Radio Freq Lesion Generator
- Retractor Radio Lucnt-Omn
- Sonopet U/S Aspirator
- Stryker Navigation Frmless
- Table Jackson-rotating
- Table Jackson-non-rotating
- Table-Slider
- Table Wilson Fr-flat top
- Table Wilson Fr-open top
- Table Open Fr-ch/hp/th pads
- Ziehm C-Arm

PRETESTING ORDERS

- Anesthesia Protocol
- Orders in SCM
- NO Labs required
- MRSA/MSSA if Spinal Fusion, Lami, & Disc patient
- HgbA1C, if Spinal fusion
- UA Culture Reflex
- CBC
- C7 C8 C12
- PT/INR PTT
- THYP Preg Test
- T&S
- T&C _____ units
- PA @ Lat CXR
- EKG

IMPLANT: Codman Globus Kyphon
 Medtronic Nuvasive Staxx _____

IMPLANT REMOVAL: Medtronic Codman
 Globus Nuvasive _____

MONITORING: SSEP MEP EMG

EEG Facial Nerve Monitoring

Read MD: _____

Other: _____

Other: _____

DAY OF SURGERY ORDERS

Notify of Admit: _____

MRI: _____

CT: _____

Initiate Anesthesia IV/IV fluids per Anesth Preop Orders

SCD TED hose: knee thigh Clip surgical site

Ensure beta-blockers & A.M. meds taken

Insert foley in Preop

*AICD Model: _____ Turn off? Y / N

Was turn off arranged with AICD Rep? (< 24hrs) Y / N

Other: _____

WEIGHT: _____ kg (1 kg = 2.2 lbs) **HEIGHT:** _____ inches

ALLERGIES: NKDA Drug/Reaction: _____

Decadron 10mg IV

NEUROSURGERY & SPINE prophylaxis protocol

No antibiotics or bacitracin irrigation until cultures taken in OR

No antibiotic required for this procedure

Other: _____

PHYSICIAN: _____

[Patient Sticker]

DATE: _____ **TIME:** _____