NewYork-Presbyterian
The University Hospital of Columbia and Cornell

50173

☐ SDS
☐ AS

MRN#:

NAME:

DOB: SEX:

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

PERIOPERATIVE SERVICES / HISTORY & PHYSICAL DAY OF SURGERY ORDERS

Date: _____/_____/_____ **Time:** _____ **AM/PM**

SUBMIT THIS DOCUMENTATION AND ALL TEST RESULTS TO THE PRESURGICAL DOCUMENTATION CENTER NO LATER THAN 2 DAYS PRIOR TO THE DATE OF SURGERY

PATIENT NAME:	ADMISSION DIAGNOSIS: (1)	
HISTORY NUMBER: (UNCONFIRMED) AGE: DOB:	SECONDARY DIAGNOSIS: (2)	
FATHER'S FULL NAME:	PROCEDURE/OPERATION:	
REFERRING PHYSICIAN NAME:	PROCEDURE DATE: _____/_____/_____	CONFIRMATION #:
GOING TO PAT ☐ YES ☐ NO PREADMISSION TESTING DATE: _____/_____/_____ PAT AT NYPH? ☐ YES ☐ NO Where _____	PRINT SURGEON NAME/ID CODE:	

HISTORY AND PHYSICAL

HISTORY OF PRESENT ILLNESS (HPI):
Specific Surgical in PI: Narrative HPI

HISTORY:

Past Surgical History:

Surgery	Date
	/ /
	/ /
	/ /
	/ /

Past Medical History:

Condition	Date
	/ /
	/ /
	/ /
	/ /

Medications: List of Medications (including over -the-counter medications): (Complete Medication Reconciliation form - 51187)

Medications	Dosage	Frequency

Family History: ☐ Heart Attack ☐ Cancer ☐ Colon Problems ☐ Other _____ ☐ None

Do you have allergies? Yes No FOOD DRUG LATEX OTHER _____

ALLERGEN	REACTION

50173 (9/11)

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PERIOPERATIVE SERVICES / HISTORY & PHYSICAL
DAY OF SURGERY ORDERS

MRN#:

NAME:

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REVIEW OF SYSTEMS:

	Normal	Abnormal	Describe Abnormal findings
Constitution	☐	☐	☐ Fever ☐ Weight loss ☐ Other _____
Cardiovascular	☐	☐	☐ Heart attack ☐ Chest pain ☐ Mitral valve prolapse ☐ Hypertension ☐ Claudication ☐ Other _____
Respiratory	☐	☐	☐ Asthma ☐ Bronchitis ☐ Emphysema ☐ Cough ☐ SOB ☐ Other ____
Gastrointestinal	☐	☐	☐ GERD ☐ Peptic Ulcer disease ☐ Diverticulitis ☐ Irritable bowel ☐ Hepatitis ☐ Cirrhosis ☐ Hypercholesteremia ☐ Gall Bladder disease ☐ Other _____
Genitourinary	☐	☐	☐ Renal Failure ☐ Other _____
Musculoskeletal	☐	☐	☐ Rheumatoid arthritis ☐ Other _____
Neurologic	☐	☐	☐ Stroke ☐ Other _____
Psychiatric	☐	☐	☐ Depression ☐ Anxiety ☐ Bipolar ☐ Other _____
Endocrine/Metabolic	☐	☐	☐ Diabetes ☐ Lupus ☐ Thyroid disease ☐ Other _____
Hematologic/Lymphatic	☐	☐	☐ Anemia ☐ Other _____
Substance Abuse	☐ No	☐ Yes	substance _____ last used : ____/____/____
Smoking	☐ No	☐ Yes	when quit : ____/____/____ ppd: _____
Cancer	☐ No	☐ Yes	_____
Other	☐	☐	_____

PHYSICAL EXAM: (check all that apply)

CONSTITUTIONAL:

VS: Temp _____°C Pulse _____ Respiration _____ BP _____ Height _____(cm) Weight _____(kg)

General Appearance ☐ Normal ☐ Malnourished ☐ Overweight ☐ Obese ☐ Morbidly obese

EYES

Inspection of conjunctiva, lids: ☐ Normal ☐ Icteric conjunctiva ☐ periorbital edema ☐ abnormal sclerae ☐ Other _____

Examination of pupils/iris: ☐ PERRLA ☐ Other: _____

NECK

Overall appearance: ☐ Normal **Masses:** ☐ None ☐ Lymph nodes _____ ☐ JVD ☐ Other: _____

Thyroid: ☐ Normal ☐ Other: _____

RESPIRATORY

Effort: ☐ Normal ☐ Tachypneic ☐ Use of accessory muscles ☐ Other: _____

Lungs (Auscultation): ☐ Normal ☐ Other _____

CARDIOVASCULAR

Auscultation of Heart: ☐ Normal ☐ Murmur ☐ Other _____

Examination of Extremities: ☐ Normal ☐ Venous insufficiency ☐ Varicose veins ☐ Edema ☐ Other _____

GASTROINTESTINAL

Examination of Abdomen: ☐ Normal ☐ Masses _____ ☐ Tenderness _____

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NAME:

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PERIOPERATIVE SERVICES / HISTORY & PHYSICAL DAY OF SURGERY ORDERS

MUSCULOSKELETAL:

Examination of Gait and Station: ☐ Normal ☐ Abnormal _____

Assessment of Strength and Tone: ☐ Normal ☐ Atrophy _____ Tremor _____ ☐ Other _____

SKIN

Inspection: ☐ Normal ☐ Erythema ☐ Stasis dermatitis ☐ Jaundice ☐ Ulcer _____
☐ Other _____

Palpation: ☐ Normal ☐ Induration ☐ subq nodules ☐ Other _____

NEUROLOGICAL/PSYCHIATRIC

Orientation: ☐ Normal ☐ Other _____

Mood: ☐ Normal ☐ Other _____

DIAGNOSIS:

PLAN FOR SURGERY:

INFECTION PRIOR TO ANESTHESIA/PRINCIPAL PROCEDURE/SURGERY START TIME

☐ Yes, Preoperative Infection exists

☐ Yes, Suspected / Possible Preoperative Infection exists

☐ No

JUSTIFICATION / REASON FOR VANCOMYCIN USE: (check all that apply)

☐ Beta-lactam (penicillin or cephalosporin) allergy

☐ High-risk due to acute inpatient hospitalization within the last year

☐ High-risk due to nursing home or extended care facility setting within the last year, prior to admission

☐ Inpatient stay more than 24 hours prior to the principal procedure

☐ Transferred from another inpatient hospitalization after a 3-day stay

☐ MRSA colonization or infection

☐ Chronic wound care or dialysis

☐ Increase MRSA rate, either facility-wide or operation-specific

☐ Undergoing valve surgery

☐ Not Applicable

Signature: _____ MD/PA/NP Date: ____/____/____ Time: _____ AM/PM

Print Name: _____ ID CODE # _____

Reviewed by Attending Surgeon: _____ MD Date: ____/____/____ Time: _____ AM/PM

Print Name: _____ ID CODE # _____

NewYork-Presbyterian
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PERIOPERATIVE SERVICES / HISTORY & PHYSICAL
DAY OF SURGERY ORDERS / ADULTS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: ____/____/____ **Time:** _____AM/PM **PATIENT HEIGHT:** _____ cm **PATIENT WEIGHT:** _____ kg

PATIENT ALLERGIES/TYPE OF REACTION: ☐ None ☐ Latex ☐ Beta-Lactam Allergy/Penicillin Allergy/Cephalosporin Allergy
☐ Other (specify): _____ Reaction: _____

AUTOMATIC INTERNAL CARDIAC DEFIBRILLATOR - NOTIFY ELECTROPHYSIOLOGY FELLOW TO SEE PATIENT DAY OF SURGERY

IV FLUID (Type and Rate):

☐ NA

PAIN MANAGEMENT CONSULT ☐ YES ☐ NO
PCA INDICATED POSTOP ☐ YES ☐ NO
Epidural Indicated day of surgery ☐ YES ☐ NO

ADULT PRE-OP ANTIBIOTICS ☐ **NO PRE-OP ANTIBIOTICS NEEDED** *(Check all that apply) Optimal administration within 15-60 minutes prior to incision. Vancomycin administration may begin within 2 hours prior to incision.* **(USE Cefazolin 2 g FOR PATIENTS WEIGHING >80 kg)**

NATURE OF OPERATION	PRIMARY ANTIBIOTIC PROPHYLAXIS RECOMMENDED	ALTERNATIVE (e.g. Penicillin/Sulfa Allergy)
CARDIAC: CABG, other open-heart	Cefazolin ☐ 1 g **OR** ☐ 2 g IV X 1	☐ Vancomycin 1 g IV X 1
Prosthetic valve	Cefazolin ☐ 1 g **OR** ☐ 2 g IV X 1 ± ☐ Gentamicin _____ mg (1.5 mg/kg, LBW[1]) IV X 1	☐ Vancomycin 1 g IV X 1 ± ☐ Gentamicin _____ mg (1.5 mg/kg (LBW[1]) IV X 1
Pacemaker, defibrillator placement	Cefazolin ☐ 1 g **OR** ☐ 2 g IV X 1	☐ Clindamycin 600 mg IV X 1 **OR** ☐ Vancomycin 1 g IV X 1
GASTRO-INTESTINAL, GYNECOLOGIC AND OBSTETRIC:	Cefazolin ☐ 1 g **OR** ☐ 2 g IV X 1 **OR** ☐ Cefoxitin 2 g IV X 1 *(for cesarean delivery, may be administered prior to incision or after cord clamping)*	☐ Clindamycin 600 mg IV + Gentamicin _____ mg (1.5 mg/kg, LBW[1]) IV X 1 *(for cesarean delivery, may be administered prior to incision or after cord clamping)*
Bariatric surgery	Cefazolin ☐ 2 g **OR** ☐ 3 g IV X 1 ± ☐ Metronidazole 500 mg IV X 1	☐ Clindamycin 900 mg IV X 1
Colorectal, appendectomy non-perforated	☐ Cefazolin 1-2 g IV + metronidazole 500 mg IV x 1 **OR** ☐ Cefoxitin 2 g IVP X 1	☐ Clindamycin 600 mg IV + Gentamicin _____ mg (1.5 mg/kg, LBW[1]) IV X 1
GENITOURINARY: Endoscopic Procedures	Cefazolin ☐ 1 g **OR** ☐ 2 g IV X 1 **OR** ☐ Ampicillin 2 g IV + Gentamicin _____ mg (1.5 mg/kg, LBW[1]) IV X 1	☐ Clindamycin 600 mg IV + Gentamicin _____ mg (1.5 mg/kg, LBW[1]) IV X 1
Open or Laparoscopic surgery	Cefazolin ☐ 1 g **OR** ☐ 2 g IV X 1	☐ Clindamycin 600 mg IV + Gentamicin _____ mg (1.5 mg/kg, LBW[1]) IV X 1
Transrectal prostate biopsy **Pubo-Vaginal Sling**	☐ Cefoxitin 2 g IV X 1 **OR** ☐ Levofloxacin 500 mg PO X 1 (Taken at home as prescribed)	☐ Clindamycin 600 mg IV + Gentamicin _____ mg (1.5 mg/kg, LBW[1]) IV X 1 **OR** ☐ Levofloxacin 500 mg PO X 1 (Taken at home as prescribed)
Penile prosthesis insertion, removal, revision	☐ Vancomycin 1 g IV X 1 + Gentamicin _____ mg (1.5 mg/kg, LBW[1]) IV X 1	☐ Clindamycin 600 mg IV + Gentamicin _____ mg (1.5 mg/kg, LBW[1]) IV X 1
HEAD AND NECK:	Cefazolin ☐ 1 g **OR** ☐ 2 g IV X 1	☐ Clindamycin 600 mg IV + Gentamicin _____ mg (1.5 mg/kg, LBW[1]) IV X 1
NEUROSURGERY, THORACIC, VASCULAR:	Cefazolin ☐ 1 g **OR** ☐ 2 g IV X 1	☐ Vancomycin 1 g IV X 1
ORTHOPEDIC	Cefazolin ☐ 1 g **OR** ☐ 2 g IV X 1	☐ Vancomycin 1 g IV X 1 **OR** ☐ Clindamycin 600 mg IV X 1
TRANSPLANTS: Heart, Kidney	Cefazolin ☐ 1 g **OR** ☐ 2 g IV X 1	☐ Vancomycin 1 g IV X 1
Lung	☐ Ampicillin/Sulbactam 3 g IV X 1	☐ Vancomycin 1 g IV + Aztreonam 1 g IV X 1
Liver	☐ Ampicillin/Sulbactam 3 g IV X 1	☐ Vancomycin 1 g IV + Aztreonam 1 g IV + Metronidazole 500 mg IV X 1
LVAD	☐ Rifampin 600 mg IV + Fluconazole 400 mg IV + TMP/SMX 160 mg (TMP) IV X 1	☐ Rifampin 600 mg IV + Fluconazole 400 mg IV + Vancomycin 1 g IV X 1
Pancreas or kidney/pancreas	☐ Ampicillin/Sulbactam 3 g IV + Fluconazole 400 mg IV X 1	☐ Clindamycin 600 mg IV + Aztreonam 1 g IV + Fluconazole 400 mg IV X 1

1 LBW: lean body weight

VTE PHARMACOPROPHYLAXIS: (Route, dose, time): (check all that apply)
☐ HEPARIN 5000 UNITS SQ X1 _____
☐ OTHER _____
☐ PATIENT EVALUATED & DOES NOT REQUIRE VTE PHARMACOPROPHYLAXIS

OTHER MEDICATION (Route, dose & time)

Signature: _____MD/PA/NP Date: ____/____/_____ Time: _____ AM/PM
Print Name: _____ ID CODE # _____

DAY OF SURGERY UPDATE

☐ An updated assessment and examination of the patient was completed and there was no change
☐ An updated assessment and examination of the patient was completed and the changes are: _____

Day of Surgery Note/Plan of Care _____

Signature: _____MD Date: ____/____/_____ Time: _____ AM/PM
Print Name: _____ ID CODE # _____

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

PERIOPERATIVE SERVICES / HISTORY & PHYSICAL
DAY OF SURGERY ORDERS / PEDIATRICS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: _____/_____/_____ **Time:** _____AM/PM **PATIENT HEIGHT:** _____ cm **PATIENT WEIGHT:** _____ kg

PATIENT ALLERGIES/TYPE OF REACTION:
☐ None ☐ Latex ☐ Other (specify) : _____
Reaction: _____

IV FLUID (Type and Rate):

☐ **N/A**

PAIN MANAGEMENT CONSULT ☐ **YES** ☐ **NO**
PCA INDICATED POSTOP ☐ **YES** ☐ **NO**
Epidural Indicated day of surgery ☐ **YES** ☐ **NO**

PEDIATRICS PRE-OP ANTIBIOTICS ☐ **NO PRE-OP ANTIBIOTICS NEEDED**
(Check all that apply) Optimal administration within 15-60 minutes prior to incision. Vancomycin administration may begin within 2 hours prior to incision.

NATURE OF OPERATION	PRIMARY ANTIBIOTIC PROPHYLAXIS RECOMMENDED	ALTERNATIVE (e.g. Penicillin/Sulfa Allergy)
CARDIAC: Prosthetic valve, coronary artery bypass, other open-heart	☐ Cefazolin _____mg (30 mg/kg/dose, max 2 grams) IV X 1	☐ Vancomycin _____mg (15 mg/kg/dose, max 1 gram) IV X 1
Pacemaker, defibrillator placement	☐ Cefazolin _____mg (30 mg/kg/dose, max 2 grams) IV X 1	☐ Clindamycin _____mg (10 mg/kg/dose, max 900 mg) IV X 1 **OR** ☐ Vancomycin _____mg (15 mg/kg/dose, max 1 gram) IV X 1
GASTRO-INTESTINAL, GYNECOLOGIC AND OBSTETRIC:	☐ Cefazolin _____mg (30 mg/kg/dose, max 2 grams) IV X 1 **OR** ☐ Cefoxitin _____mg (30 mg/kg/dose, max 2 grams) IV X 1	☐ Clindamycin _____mg (10 mg/kg/dose, max 900 mg) IV + Gentamicin _____mg (2 mg/kg/dose, LBW[1]) IV X 1
Colorectal, appendectomy non-perforated	☐ Cefoxitin _____mg (30 mg/kg/dose, max 2 grams) IV X 1 **OR** ☐ Cefazolin _____mg (30 mg/kg/dose, max 2 grams) IV X 1 ☐ Metronidazole _____mg (7.5 mg/kg/dose, max 500 mg) IV X1	☐ Clindamycin _____mg (10 mg/kg/dose, max 900 mg) IV + Gentamicin _____mg (2 mg/kg/dose, LBW[1]) IV X 1
GENITOURINARY: Endoscopic Procedures	☐ Cefazolin _____mg (30 mg/kg/dose, max 2 grams) IV X 1 **OR** ☐ Ampicillin _____mg (50 mg/kg/dose, max 1 gram) IV + Gentamicin _____mg (2 mg/kg/dose, LBW[1]) IV X 1	☐ Clindamycin _____mg (10 mg/kg/dose, max 900 mg) IV + Gentamicin _____mg (2 mg/kg/dose, LBW[1]) IV X 1
Open or Laparoscopic surgery	☐ Cefazolin _____mg (30 mg/kg/dose, max 2 grams) IV X 1	☐ Clindamycin _____mg (10 mg/kg/dose, max 900 mg) IV + Gentamicin _____mg (2 mg/kg/dose, LBW[1]) IV X 1
HEAD AND NECK:	☐ Cefazolin _____mg (30 mg/kg/dose, max 2 grams) IV X 1	☐ Clindamycin _____mg (10 mg/kg/dose, max 900 mg) IV + Gentamicin _____mg (2 mg/kg/dose, LBW[1]) IV X 1
NEUROSURGERY, THORACIC, VASCULAR:	☐ Cefazolin _____mg (30 mg/kg/dose, max 2 grams) IV X 1	☐ Vancomycin _____mg (15 mg/kg/dose, max 1 gram) IV X 1
ORTHOPEDIC:	☐ Cefazolin _____mg (30 mg/kg/dose, max 2 grams) IV X 1	☐ Vancomycin _____mg (15 mg/kg/dose, max 1 gram) IV X 1 **OR** ☐ Clindamycin _____mg (10 mg/kg/dose, max 900 mg) IV X 1
TRANSPLANTS: Heart, Kidney	☐ Cefazolin _____mg (30 mg/kg/dose, max 2 grams) IV X 1	☐ Vancomycin _____mg (15 mg/kg/dose, max 1 gram) IV X 1
Lung	☐ Ampicillin/Sulbactam _____mg (50 mg/kg/dose, max 2 grams) IV X 1	☐ Vancomycin _____mg (15 mg/kg/dose, max 1 gram) IV + Aztreonam _____mg (30 mg/kg/dose, max 1 gram) IV X 1
Liver	☐ Ampicillin/Sulbactam _____mg (50 mg/kg/dose, max 2 grams) IV X 1	☐ Vancomycin _____mg (15 mg/kg/dose, max 1 gram) IV + Aztreonam _____mg (30 mg/kg/dose, max 1 gram) IV + Metronidazole _____mg (7.5 mg/kg/dose, max 500 mg) IV X 1
Small Bowel	☐ Ampicillin/Sulbactam _____mg (50 mg/kg/dose, max 2 grams) IV + Fluconazole _____mg (6 mg/kg/dose, max 400 mg) IV X 1	☐ Vancomycin _____mg (15 mg/kg/dose, max 1 gram) IV + Aztreonam _____mg (30 mg/kg/dose, max 1 gram) IV + Metronidazole _____mg (7.5 mg/kg/dose, max 500 mg) IV + Fluconazole _____mg (6 mg/kg/dose, max 400 mg) IV X 1

1 LBW: lean body weight

Signature: _____MD/PA/NP Date: _____/_____/_____ Time: _____ AM/PM
Print Name: _____ ID CODE # _____

DAY OF SURGERY UPDATE

☐ An updated assessment and examination of the patient was completed and there was no change
☐ An updated assessment and examination of the patient was completed and the changes are: _____

Day of Surgery Note/Plan of Care _____

Signature: _____MD Date: _____/_____/_____ Time: _____ AM/PM
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PERIOPERATIVE PROPHYLAXIS CONSIDERATIONS
CURRENT AS OF APRIL 2007

BETA-BLOCKADE (Check one selection only)

- Patient is already on beta-blockers (target HR ≤ 65 bpm*)
- Low risk procedure (endoscopic, cataract, breast or superficial) planned and does not require empiric beta-blockers
- Beta-blockers are contraindicated (HR < 70 bpm, SBP < 90 mmHg, COPD, severe asthma, or 2°/3° heart block)
- Does not meet criteria below
- Meets the following criteria for perioperative beta-blockers:

1 or more Revised Cardiac Risk Index Criteria

- History of MI
- History of Angina
- History of CABG/PTCA
- Positive Stress Test
- Q waves on EKG
- History of CVA/TIA
- IDDM
- CRI (Cr > 2.0 mg/dl)
- Intra-peritoneal, intra-thoracic, or supra-inguinal vascular surgery

or

2 or more Minor Criteria

- Age ≥ 65
- Hypertension
- Current Smoker
- Cholesterol ≥ 240 mg/dl
- NIDDM

If Eligible, Consider A or B

A. Perioperative beta-blockers initiated using: Atenolol 50 mg PO once a day** OR Metoprolol 50 mg PO BID**

B. Order Consultation:

* Patients not adequately beta-blocked should be referred to his/her internist for dosage adjustment

** Patients initiating beta-blockers should follow up with his/her internist within 7 days for response assessment

VENOUS THROMBOEMBOLISM (VTE) PHARMACOPROPHYLAXIS (Check one selection only)

- VTE pharmacoprophylaxis ordered
- Low risk (minor surgery in patients with no additional risk factors***): No specific pharmacoprophylaxis needed
- VTE pharmacoprophylaxis is contraindicated in this patient due to an increased risk of bleeding or other complications

*** ***Risk Factors for VTE***

- Major trauma
- Immobility, paresis
- Malignancy
- Previous VTE
- Pregnancy/postpartum
- Medications containing estrogen
- Acute medical illness
- Heart or respiratory failure
- Inflammatory bowel disease
- Nephrotic syndrome
- Obesity
- Smoking
- Varicose veins
- Inherited or acquired thrombophilia

NOT PART OF MEDICAL RECORD