## ANORECTAL SURGERY PREOPERATIVE ORDERS Colorectal Surgery Services

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<b>Name:</b>				D	ЮВ:		
Authorization No.:				Da	_ Date of Surgery:		
Hospital:					Surgery Center Other		
Diagnosis	:				1		
2.	OR permit for: _  Bowel Preparation  No bowel position  Enemas till  Anorectal Homes  PEG for cool  Bisacodyl &	CBC w. Basic M Compre Chest X Beta Ho On: reparation clear the r Bowel Prep lonoscopy & PEG pre	night before and morn	file  Clear Liquiding of surger	ds ry	tion Tests r 40 years of age	
4.	Diet:	□Clears i	for 12 / 24 hours prid	or to surgery	□NP	O after midnight	
5.	Antibiotics:	☐ Cefoxit☐ Levoqu☐ Flagyl (	es are to be given less in 1 gm or 2 gm I in® (Levofloxacin) 500 Metronidazole) 500 mg ® (Ertapenem) 1 gm IV	IV ) mg IV g IV	prior to inducti	on	

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John H. Winston, III, MD

Doctor's Signature & Date:

Version: 05/02/2012 Page 1 of 2

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6. Deep Venous Thrombosis Prophylaxis:  ☐ Graduated Compression Stockings on patient before induction ☐ Intermittent Sequential Compression Devices on patient before induction ☐ Heparin 5,000 units SQ before induction ☐ Lovenox® (Enoxaparin) 40mg SQ before induction	)
7. Cardiac prophylaxis: □None □ Atenolol (Tenormin) □25 mg □50 mg □100 mg PO with a sip of water with pre-op medication □ Metoprolol (Lopressor) □50 mg □100 mg PO with a sip of water with pre-op medication □ Atenolol (Tenormin) □5 mg □10 mg IV 30 minutes before induction	Į.
8. Home medications:  ☐ Take all <a href="https://www.nymedications">hypertension</a> medications by mouth with sips of water the morning of surgery ☐ Hold the following medications the morning of surgery: ☐	
☐ Hold the following medications fordays prior to surgery:	_
9. <b>I.V. Orders:</b> □ Lactated Ringers □ Normal Saline at a rate of keep vein open	
10. Have patient <b>urinate</b> and <b>defecate</b> in holding prior to transfer to operating room	
11. Documents available on chart for surgery:  Office History and Physical Home medications list Cardiac / Medical clearance Reports from preoperative workup: CT Barium enema Colonoscopy Other:  12. Other:  Naropin 20cc vial to OR. Botox 100U. Please send to OR preoperatively.	
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Version: 05/02/2012 Page 2 of 2