MUNSON HEALTHCARE

SS # (*LAST 4 DIGITS*)	CONFIRMATION NUMBER	PROC. LOCATION (Departments)	BED NEEDED?
		☐ Surgery ☐ MPR ☐ RAD ☐ CCL	☐ Y ☐ N *This is not an admission status order

2097

LEGAL NAME - LAST	FIRST	MIDDLE INITIAL	BIRTH DATE	SEX
				☐ M ☐ F

SURGEON	PROCEDURE(S)
ASSIST.	

DIAGNOSIS	CPT CODE(S)

EST DUR	ANESTHETIC PREFERENCE	IMPLANTS/EQUIPMENT NEEDED/COMMENTS	
	☐ CHOICE ☐ REGIONAL ☐ LOCAL ☐ GENERAL ☐ MAC		☐ C-Arm ☐ Cell Saver ☐ None ☐ Plain Film ☐ Fluroscan ☐ Power injector

INSURANCE NAME / #	AUTH. #	
		VENDOR ☐ Y ☐ N ☐ LOANER WHO:

ADDRESS	DATE FORM FILL OUT/ NAME INITIAL	REQ. SURG. OR / PROC. DATE / TIME
CITY STATE ZIP	REFERRING PHYSICIAN	ADMIT DATE
HOME PHONE	FAMILY PHYSICIAN	Isolation Precautions Needed: ☐ MRSA ☐ VRE ☐ Other _____
CELL PHONE	WORK PHONE	
CURRENT MEDS		ALLERGIES: ☐ LATEX ☐ METAL ☐ NO KNOWN ALLERGIES

#1. PREOP ASSESSMENT BY POAC:	#2. IS MSRI GREATER THAN OR EQUAL TO 3?	#3. INPATIENT MEDICAL MANAGEMENT BY:
☐ YES ☐ NO, PERFORMED BY: _____ IF NO, COMPLETE STEP 2	☐ YES, COMPLETE STEP #3 ☐ NO	

PRE-ADMISSION TESTING

FAX RESULTS TO 231-935-3202 *IF NOT IN POWERCHART*

- **PER PRESURGICAL TESTING PROTOCOL**

☐ CBC & PLATELET
☐ CBC w/Diff & PLATELET
☐ HGB / HCT (H & H)
☐ BASIC METABOLIC PANEL (BMP)
☐ COMP. METABOLIC PANEL (CMP)
☐ BUN
☐ CREATININE w/ GFR
☐ ELECTROLYTES
☐ SODIUM (NA)
☐ POTASSIUM (K)
☐ GLUCOSE, RANDOM
☐ HEMOGLOBIN A1C
☐ HEPATIC/LIVER FUNCTION PANEL
☐ ALK PHOS
☐ AST
☐ CALCIUM
☐ MAGNESIUM
☐ PT
☐ PTT
☐ GTABS
☐ GTABS for T&C_____ UNITS
☐ URINALYSIS (UAM)
☐ URINE CULTURE(URC)
☐ URINALYSIS WITH CULTURE IF INDICATED (UIF)
☐ CULTURE, STAPH AUREUS, NASAL (CSA)
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ CHEST X-RAY PA DX _____
☐ CHEST X-RAY MV DX_____
☐ EKG CARDIAC DX_____
☐ INSTRUCT INCENTIVE SPIROMETRY
☐ _____
☐ _____

SURGERY / PROCEDURE VALIDATION:
☐ Schedule ☐ Consent if present
☐ Physician Order ☐ H&P Course of Action

Signature: _____
Date: _____ **Time:** _____

☐ PHONE VISIT ☐ PATIENT TO SCHEDULE DATE/TIME _____

☐ **REQUEST OLD CHART**

PRE-PROCEDURE ORDERS

☐ Compression Stockings ☐ TEDS - Knee ☐ ENEMA _____ ☐ PRE-OP FOLEY ☐ VOID ON CALL ☐ DIET _____ ☐ NPO

SURGICAL PRE-OPERATIVE ORDERS
A, B, or C below MUST be checked or orders will be rejected by schedulers:

☐ **A.** No antibiotics required
☐ **B.** Patient to receive preop antibiotic per Surgical Antibiotic Prophylaxis Protocol (6702)
☐ **C.** Use alternate antibiotic (specify):
_____

☐ Physician aware of penicillin allergy but not considered significant - give the preferred antibiotic per **Surgical Antibiotic Prophylaxis Protocol (6702)**

☐ **Subacute Bacterial Endocarditis (SBE) Prophylaxis** per Surgical Antibiotic Prophylaxis Protocol (6702)

Pre-op Pain Optimization Protocol (PPOP): PolicyStat 7093732
☐ Adult Pre-op Pain Protocol
☐ Pre-op Bariatric Pain Protocol
☐ Pre-op Total Joint Pain Protocol

PRE-OP ANTICOAGULANTS
☐ HEPARIN SUBCUT _____ UNITS

SURGICAL HAIR REMOVAL PREP / SPECIAL AREA

♦ INITIATE DEPARTMENT SPECIFIC PROCEDURE PROTOCOLS

PREOP ORDERS / MEDICATIONS

H&P DICTATED DATE	LINE NUMBER
PHYSICIANS SIGNATURE	DATE / TIME
PHYSICIANS PRINTED NAME	
PRE-OP NURSE	DATE / TIME

PATIENT ID LABEL HERE

SCHEDULING / ORDER INFORMATION

MUNSON SURGICAL RISK INDEX (MSRI)
INSTRUCTION/EDUCATION TOOL

1. Please fill out for all surgical patients excluding emergent cases.
2. **ONE** point will be assigned for each independent predictor of a major complication.
3. If **TOTAL** MSRI is greater than or equal to 3, patient is deemed **high risk** and needs immediate post-op medical management. **Surgeon to document MSRI on Surgery Scheduling Form.**
4. If **TOTAL** MSRI is greater than or equal to 3, identify who will do Pre-op Assessment and inpatient medical management. **Surgeon to document on Surgery Scheduling Form.**
5. The Surgeon will be notified if any of the following are missing: MSRI, Pre-op Assessment, Physician/Group designated for inpatient medical management.

MUNSON SURGICAL RISK INDEX (MSRI)*

- ☐ High-risk type of surgery includes: total joint replacement, intraperitoneal, intrathoracic, open aortic surgery, infrainguinal reconstruction surgery, major urologic and major gynecologic procedures.
- ☐ History of heart disease (history of MI, a positive exercise test, ischemic chest pain, uncontrolled cardiac dysrhythmia or ECG with pathological Q waves; do not count prior coronary revascularization procedure unless one of the other criteria for ischemic heart disease is present.)
- ☐ History of heart failure
- ☐ History of cerebrovascular disease (TIA, CVA, high grade carotid stenosis is greater than or equal to 70%)
- ☐ Diabetes mellitus of any type
- ☐ Age is greater than or equal to 60
- ☐ GFR is less than 30 or serum creatinine is greater than 2 mg/dl
- ☐ BMI is greater than 40
- ☐ History of severe lung disease: dyspnea on exertion, inability to perform ADLs

*Developed from Revised Goldman Cardiac Risk Index

Patient ID Label