

**Northwestern Medicine Huntley Hospital**

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- Admit Post-Op Surgical**
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- Outpatient Surgical**
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- Outpatient Surgical - Same Day**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 If minor, parent/guardian name \_\_\_\_\_  Male  Female  
 Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Surgeon: \_\_\_\_\_ Surgeon Asst: \_\_\_\_\_  
 Primary care physician: \_\_\_\_\_ Admitting physician: \_\_\_\_\_  
 H&P done by: \_\_\_\_\_ Office notified:  Yes  No  
 H&P completed by PCP requires additional diagnosis: \_\_\_\_\_

Admitting diagnosis: \_\_\_\_\_ ICD10 Code: \_\_\_\_\_ CPT Code: \_\_\_\_\_  
 Permit to read: \_\_\_\_\_

Surgery date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

**Anesthesia:**  General  Spinal  Choice  
**Anesthesia type:**  Femoral nerve block  
 Sciatic nerve block  Adductor canal block  
 Popliteal nerve block  IPACK block  
**Anesthesia consult for:**  
 Single shot  Continuous catheter

**PRE-SURGICAL TESTING** **Surgical Orders Received:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Pre-surgical orders according to Anesthesia Guidelines No: CHS Anesthesia G-1**  
 Lab testing site:  CHS  Other: \_\_\_\_\_ EKG Testing Site:  CHS  Other: \_\_\_\_\_ **Pre-surg test date:** \_\_\_\_\_

**ADDITIONAL TESTS (ICD-10 Code Required)** <sup>1</sup> Clot to hold will be auto substituted for Total Knee Arthroplasty procedures.

	Ordered	ICD-10	Completed		Ordered	ICD-10	Completed
*CBC w/Diff		Z01.812		EKG		Z01.810	
Lytes		Z01.812		Chest X-ray		Z01.810	
BMP		Z01.812		<sup>1</sup> Clot to Hold (TKA)			
CMP		Z01.812		Type & Screen (THA) - On Admit			
HCG (qual)		Z01.812		MRSA Swab			
*Urinalysis		Z01.812		Spirometry			
*Pro Time				Dobutamine Echo			
*PTT				Lexiscan stress test			
*Thyroid Cascade							
Hemoglobin A1C							
Draw 1 extra tiger top tube (protect from light)							

<b>Patient Name:</b> _____	<b>DOB:</b> _____
<b>ADDITIONAL ORDERS</b>	
<b>ALLERGIES:</b> _____	
<b>Height:</b> _____ <b>Weight:</b> _____ <input type="checkbox"/> <b>Latex Allergy</b> <b>History of:</b> <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> C-Diff <input type="checkbox"/> <b>Sequential Stockings:</b> <input type="checkbox"/> Knee Hi <input type="checkbox"/> Thigh Hi <input type="checkbox"/> <b>AE Stockings:</b> <input type="checkbox"/> Knee Hi <input type="checkbox"/> Thigh Hi <input type="checkbox"/> <b>AE Boots</b> <b>Implement TKA Peri-operative Pain Protocol</b> <b>Implement Adult Prophylactic Antibiotic Hospital Protocol</b> <b>for</b> _____ <b>(procedure)</b> IV: LR, 1L, TKO Prep & Clip: _____	<b>OR special equipment needs:</b>  _____  <b>Additional orders:</b>  _____
<b>Requested length of case:</b> _____	
<b>Instruct patient to:</b> <b>3 days prior to surgery</b> - Shower or bathe with 4% Chlorhexidine Gluconate soap. <b>Day of surgery</b> - Apply 2% Chlorhexidine Gluconate to surgical site prior to procedure.	

\_\_\_\_\_ **Physician's Name** (Please Print)     
 \_\_\_\_\_ **Physician Signature**     
 \_\_\_\_\_ **ID#**     
 \_\_\_\_\_ **Date**     
 \_\_\_\_\_ **Time**