Surgical Plan of Care

Patient Label

Todays Date:_____ Add-On ❑

Location: ❑ ASC ❑ CNMC OR ❑ NORA ❑ Cath ❑ CT Scan
❑ GI Suite ❑ Other:_____

Patient BMI: BMI %: (Guidelines on reverse) Height: Weight:

Parent or Guardian Name: Home Phone: Cell Phone:

Interpreter: **Language**

Location: IP Room # SDS 23 Hour OBS AM Admit PM Admit

Primary Surgeon: Second Surgeon:

Scheduling Surgeon: (if resident or fellow) Pager #:

OR Date: Post-op Appointment:

Diagnosis: ICD 9 Code:

ICD 9 Code:

Procedure: CPT Code:

Local: ❑ Yes ❑ No

Position: Supine Prone Lithotomy Lateral Other: **Case Length:**

Consults: Cardiology Pulmonary Hematology Hospitalist Endocrine Other:_____

Pain Consult: PCA Epidural Caudal Regional Block_____

Pre-Operative Care Center (POCC) Consult: Must send Peri-operative Consult form with SPC

❑ Blood Disorder or Sickle Cell	❑ Pacemaker or AICD	❑ Muscular Dystrophy or Myopathy
❑ Complex Heart Disease	❑ Pulmonary Hypertension	❑ Oxygen or Ventilator dependent
❑ Diabetes	❑ Dialysis/Renal Insufficiency	❑ Previous Difficulties with Anesthesia
❑ Difficult Airway/Intubation	❑ Follows Multiple Specialists	❑ Morbid Obesity
❑ Neuromuscular Spinal Fusion	❑ Metabolic/Mitochondrial Disorder	❑ Other_____

Antibiotics: ❑ Yes ❑ No **ICU Bed**_____**Days** Isolation: ❑ Yes ❑ No Immunosuppressed: ❑ Yes ❑ No

Trach Size and Type:_____ Ventilator Pre-op: ❑ Yes ❑ No Latex Precaution: ❑ Yes ❑ No

Labs	Blood (# units)	Equipment	
UA	PRBC_____	Vendor _____	
CBC	FFP_____	C-Arm/O-Arm	Microscope
Electrolytes	Platelets _____	SSEP/MEP	Facial Nerve Monitor
Pregnancy	Autologous:	Fracture Table	Jackson _____
PT/PTT	_____	Implants_____	Laparoscopy Thoracoscopy Arthroscopy
X-Ray	_____		Cell Saver
Other_____		Other _____	

Laser YAG CO2 KTP OPTH ARGON PDL/YAG HOLMIUM

Other Request/Comments: _____

Attached ❑ H&P ❑ Consent ❑ Pediatrician to do H&P ❑ Outside Documents

Case#_____ Physician Signature:_____ Date:_____Time:_____

Scheduler:_____Date/Time:_____ Signature: _____

ASC Criteria:

Adolescent children > 8 yrs BMI > 30 should not be scheduled at the ASC .
Please request ASC consult for younger children > 99 BMI percentile for age.

LLC Guidelines:

Consultation for BMI > 30 or > 95th percentile.