

**SURGERY AND ONCOLOGY PROGRAM
PRE-ADMISSION & DAY OF SURGERY ORDERS**

Please fax or send a copy to pharmacy and initial:
INITIAL _____

PAGE 1 of 1

Name: _____
LAST NAME FIRST NAME
 Male Female
 J #: _____
 DOB: _____
 Address: _____
 Telephone: _____
 OHIP #: _____

TRANSCRIBED BY (sign, designation, date & time 24 h):	VERIFIED BY (sign, designation, date & time 24 h):
---	--

Required Documents to be completed and sent to Pre-Admission Clinic based on Scheduling Policy

<input type="checkbox"/>	Booking Request
<input checked="" type="checkbox"/>	Pre-Admission & Day of Surgery Orders
<input type="checkbox"/>	Consent to Treatment
<input type="checkbox"/>	Pre-Operative History & Physical Exam
<input type="checkbox"/>	Pre-Operative Patient Self-Assessment (completed by the patient)
<input type="checkbox"/>	Last Clinic Note or Surgical Consult (recommended)
<input type="checkbox"/>	Check Sunrise/ Connect Ontario for: <input type="checkbox"/> ECG <input type="checkbox"/> Blood Work <input type="checkbox"/> Clinical Notes <input type="checkbox"/> Other: _____

Type of Pre-Admission Appointment: _____ **Reason:** _____
 No Pre-Admission Appointment Required Nursing, Anaesthesia & Medicine Nursing & Medicine
 Nursing phone call/ Drop-in (blood work) Visit Nursing phone call/ Drop-in Visit Drop-in (blood work) Visit
 Other: _____

	Pre-Admission Clinic Orders	Choosing Wisely Pre-Operative Clinic Testing
<input checked="" type="checkbox"/>	Choosing Wisely Pre-Operative Clinic Testing	Surgical Procedure on Group and Screen List (refer to Max Blood Schedule) – CBC, Group and Screen History of anemia, bleeding disorder and/ or active bleeding. Major cardiovascular disease. Liver or renal disease. Cancer diagnosis. Age greater than 70 or less than 1 year old – CBC History of renal, adrenal, pituitary or major systemic endocrine disease – Creatinine, Lytes Use of digoxin, lithium, diuretics, ACE-1 or ARB. History of electrolyte abnormality – Creatinine, Lytes History of diabetes – Creatinine, Lytes, Glucose History of systemic steroid use within 6 months – Lytes, Glucose History of bleeding disorder, liver disease or malnutrition. Alcohol use greater than 2 drinks/ day for women and greater than 3 drinks/ day for men. Liver or pancreas resection – AST, ALT, ALP, Bilirubin, Albumin, INR, PTT Use of anticoagulant drugs (except ASA) – INR, PTT Any liver or pancreas resection – PT (INR) Sickle Cell high risk population (West Central Africa, Saudi Arabia, East central India, Southern Italy, Northern Greece, Southern Turkey, African American, Caribbean) – Positive test requires HB electrophoresis For women where pregnancy is a possibility– BHCG For patients with COPD or Obstructive Sleep Apnea – Serum HCO₃ Age greater than 60. History of cardiac disease, peripheral, cerebral or pulmonary vascular disease. Two or more risk factors (HTN, CKD, DM, OSA, BMI greater than 35). Major thoraco-abdominal surgery – ECG Symptomatic respiratory or cardiac disease. History of lung cancer or mass – Chest X-Ray
	Day of Surgery Pre-Operative Orders	

DATE <small>(DD/Month/YYYY)</small>	Time (24 h) ____:____h	SIGNATURE	PRINT NAME
--	---------------------------	-----------	------------