MUNSON HEALTHCARE

SOCIAL SECURITY NUMBER	CONFIRMATION NUMBER	PROC. LOCATION (Departments)	BED NEEDED?
		☐ Surgery ☐ RAD ☐ MPR ☐ CCL	☐ Y ☐ N ***This is not an admission status order**

LEGAL NAME - LAST	FIRST MIDDLE INIT.	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

- ☐ **PER PRESURGICAL GUIDELINES**
- ☐ 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:** _____

☐ ARTC VISIT ☐ PHONE VISIT ☐ PATIENT TO SCHEDULE DATE/ TIME _____

PRE-PROCEDURE ORDERS

☐ **REQUEST OLD CHART**

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

SURGICAL PRE-OPERATIVE ANTIBIOTIC ORDERS

A, B, or C below MUST be checked or Orders will be rejected by schedulers.

☐ A. No antibiotics required

☐ B. Patient to receive pre-op antibiotic per protocol - Form #6702

☐ C. Use alternate antibiotic (specify):_____

_____

☐ Physician aware of penicillin allergy but not considered significant - give the preferred antibiotic - Form 6702

☐ **Subacute Bacterial Endocarditis (SBE) Prophylaxis** - Form 6702

PATIENT ID LABEL

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

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