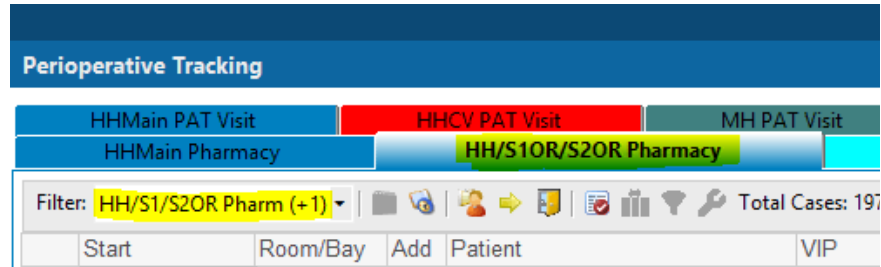
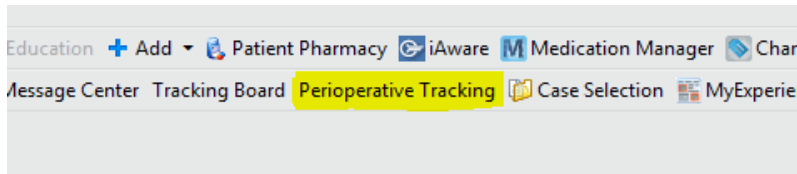





PERIOP ACTIVATION GUIDE

Disclaimer: This document serves as a guide for training and assisting unit based pharmacists at Huntsville Hospital Main. This document is subject to change and should be used along with the pharmacist's clinical judgment.



- Periops are to be activated Monday - Sunday (for the following day) by evening shift pharmacists
- Pharmacists will utilize the "HH/S1OR/S2OR Pharmacy" tab with "HH/S1/S2OR Pharm (+1)" filter
 - Do not activate cases in HH Cath Lab, HH NORA, or HH Interventional Radiology
 - All other sections may be activated at any time of day if there is a green check in the "Orders PAT" column 
- See below for reference of what pre-op & intra-op medications look like in the "planned" state (prior to activation)
 - Steps to activate: **Orders**  **Medications for Pre-Op & Intra-Op (Planned)**  **Initiate Now** (after completing proper review and selection of meds)
 - Communication type: "Initiate Plan"

- The pharmacist should review pertinent patient data (weight, allergies, pregnancy status, etc.) in addition to the criteria in the orange banners embedded in the plan to guide activation and ensure correct medications/doses are chosen based on patient information
 - **Plans with medications that are generally considered safe in pregnancy may be activated without a documented pregnancy status**
 - Antibiotics:
 - If “Anaphylaxis to penicillin or allergy to cephalosporins,” should select alternative to cefazolin
 - Acceptable to initiate cefazolin (for periops) if patient penicillin reaction is **hives** with no swelling/angioedema or SOB
 - Based on wording above, “rash” or any other true allergy (not intolerance) to a cephalosporin is cause to change from cefazolin to an alternative antibiotic
 - **MRSA PCR is valid for one month** for periop purposes (per AMT); if resulted > 1 mo. prior, do not activate and leave comment on tracking board
 - If any part of the plan has been ordered seemingly incorrectly (wrong antibiotic, allergy issue, etc.) or seems to be clinically inappropriate, the pharmacist should not activate the plan, select “Medication Issue - See Comments,” and leave an explanation in comment box on tracking board.

Medication Issue - See Comments			
Medications Verified			
Pharm Med Hx	Medication Issue - See Comments	✓	Needs MRSA screen and pregnancy test

- Pharmacists may automatically discontinue (No Cosign Required, per protocol) **routine** periop medications ordered, which the patient has an allergy to or does not meet criteria for (criteria in orange banner and/or order comments). There is no need to leave an explanation on tracking board for these. (i.e. *dexamethasone, acetaminophen, ibuprofen, celecoxib, gabapentin, pregabalin, oxycodone, intradermal lidocaine, chlorhexidine oral rinse, tamsulosin, etc.*; **NOT antibiotics, TXA, dalteparin, Entereg**)-P&T Approved 9/2022

Examples:

This phase needs to be initiated by preoperative nurse prior to surgery if not initiated by Pharmacy


Continuous Infusions		
<input checked="" type="checkbox"/>	Lactated Ringers Injection (LR)	Total Volume (mL): 1,000, Soln-IV, IV, 30 mL/hr To maintain line patency. To be started in pre-op area.
	If a dialysis patient, use 0.45% NS order:	
<input type="checkbox"/>	Sodium Chloride 0.45% (0.45% NaCl)	Total Volume (mL): 1,000, Soln-IV, IV, 30 mL/hr To maintain line patency. To be started in pre-op area. *For dialysis patients*
<input type="checkbox"/>	HOSP Additional IV Fluids	
Medications		
<input checked="" type="checkbox"/>	lidocaine (lidocaine 1% injectable solution)	0.3 mL, Subcutaneous, Injection, As Directed, PRN other (see comment) PRN IV insertions
Antibiotic Prophylaxis		
	If MRSA negative:	
<input checked="" type="checkbox"/>	ceFAZolin (Ancef)	Select an order sentence
	If MRSA negative AND allergic to penicillin (anaphylactic or respiratory) or cephalosporins	
<input type="checkbox"/>	clindamycin (Cleocin Phosphate)	Prophylaxis, Surgical, 900 mg, IV Piggyback, Soln-IV, On Call Send to the OR with the patient. Redose every 6 hours during the procedure.
	(Weight < 58 kg) If MRSA positive or Allergic to Ancef and Cleocin, give:	
<input type="checkbox"/>	vancomycin	Select an order sentence
	(Weight >= 58 kg) If MRSA positive or Allergic to Ancef and Cleocin, give PREOP Dose:	
<input type="checkbox"/>	vancomycin	Select an order sentence
	(Weight >= 58 kg) If MRSA positive or Allergic to Ancef and Cleocin, give INTRAOP Dose:	
<input type="checkbox"/>	vancomycin	Select an order sentence
Pain Management		
	Tylenol: Omit this order if patient has a stated history of liver disease, such as fatty liver or cirrhosis	
<input checked="" type="checkbox"/>	acetaminophen (Tylenol)	1000 mg, Oral, Tab, On Call 1 doses To be given with sip of water upon admit to Pre-Op. Omit this order if patient has a stated history of liver dis...
<input type="checkbox"/>	acetaminophen (Tylenol)	1,300 mg, PR, Supp, On Call 1 doses If unable to take PO. Omit this order if patient has a stated history of liver disease, such as fatty liver or cirrhosis
<input type="checkbox"/>	oxyCODONE (OxylIR)	10 mg, Oral, Tab, On Call 1 doses
	Celecoxib: Omit this order if patient has a history of renal disease, SCr greater than 1.3, or if sodium level is less than 133.	
<input type="checkbox"/>	celecoxib (CeleBREX)	400 mg, Oral, Cap, On Call 1 doses Do not give if patient has a history of renal disease or SCr greater than 1.3. Discontinue if sodium level is less t...
	Pregabalin (LYRICA): Do not give if patient is greater than or equal to 65 years old. Do not give if patient has already taken home medication dosage of Pregabalin (LYRICA) or gabapentin.	
<input checked="" type="checkbox"/>	pregabalin (Lyrica)	75 mg, Oral, Cap, On Call 1 doses Do not give if patient is 65 or older. Do not give if patient has already taken home medication dosage of Preg...

Systemic tranexamic acid should be avoided in patients with: <ul style="list-style-type: none"> - transfusion during admission (prior to surgery) - history of recurrent venous thromboembolism - history of Factor V Leiden, protein C/S deficiency, prothrombin gene mutation, anti-thrombin deficiency, anti-phospholipid antibody syndrome, or lupus - history of CVA, MI, or VTE within previous 30 days - coronary stent placement within the previous 6 months *Only administer for hips, knees, and shoulders*		
<input checked="" type="checkbox"/>	tranexamic acid	1,000 mg, IV Piggyback, Injection, On Call for 1 doses, Administer over: 15 minutes Give in PreOp - may administer Y-Site with LR. Only administer for hips, knees, and shoulders. Syste...
<input type="checkbox"/>	tranexamic acid	3,000 mg, Surgical Site Irrig, Soln-IRR, On Call To be administered TOPICALLY in the OR; 3,000 mg diluted in 100 mL NS for irrigation
<input checked="" type="checkbox"/>	tamsulosin (Flomax)	0.4 mg, Oral, Cap, On Call for 1 doses Give in PreOp if not already taken as home medication
<input checked="" type="checkbox"/>	ondansetron (Zofran)	4 mg, IV Push, Injection, On Call
<input checked="" type="checkbox"/>	famotidine	20 mg, IV Push, Injection, On Call
Decadron: Do not use in patients with a preoperative glucose > 140, history of Diabetes, GI ulcers/bleeding or glaucoma.		
<input checked="" type="checkbox"/>	dexAMETHasone	8 mg, IV Push, Injection, On Call Do not use in patients with a preoperative glucose > 140, history of Diabetes, GI ulcers/bleeding or gla...

- When reviewing patient history for things such as diabetes, glaucoma, dialysis, etc., it is generally sufficient to review the problem list on “Clinical Pharmacist Summary” or “Diagnoses and Problems” (no need to search an H&P). The RNs in pre-op should also ask the patient these questions as a double check.
- It is acceptable for a provider to NOT order a medication that the patient would otherwise meet criteria for. The plan should still be activated as appropriate.
- If no issues with activation and verification of a plan, the pharmacist should double-click in the “Pharm Status” box and select “Medications Verified” to turn the box green for the associated plan
- If there are issues with the plan and/or needed information is missing, the pharmacist should not verify ANY of the planned medications, select “Medication Issue - See Comments” to turn the status yellow, and leave an explanation regarding what the plan is lacking in the “Comments” column of the tracking board (Ex: missing allergy information, pregnancy status, MRSA screen, etc.)

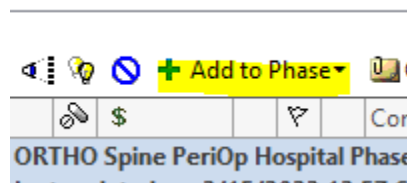
Pharm Status	Orders	PAT	Comments
Medication Issue - See Comments	✓		Need ht/wt
Medications Verified	✓		
Medications Verified	✓		

Medication Issue - See Comments
Medications Verified
Pharm Med Hx

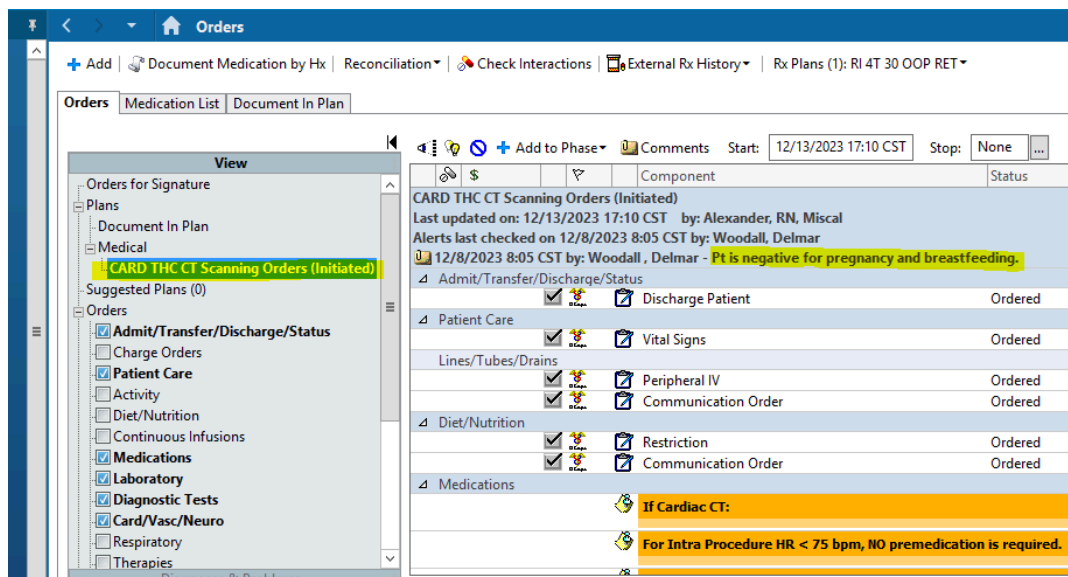
- On Mon-Fri, the pharmacist should evaluate the next day (+1) cases without a green check and/or those with a red flag after 7 PM. 
- If able, activate and verify the plan and select “Medications Verified;” a red flag or lack of green check does not necessarily mean there is an issue with the plan
- If there is an issue with the plan or there is no plan entered at all, select “Medication Issue - See Comments” and denote the issue in the comment box
- On weekends, pharmacists may initiate these plans prior to 7PM for “2+” cases on Saturday and “1+” cases on Sunday (Pre-Admit Testing is not open on weekends)
- Periop orders will usually go to the “Q” queue to be verified, but they may go to the respective floor unit or hospital (i.e. Madison) if the patient is located there. It is the responsibility of the *activating pharmacist* to ensure all periop orders are verified; “Main All,” “W&C All,” and “Madison All” queues should be reviewed upon completion of periops to ensure all plans are verified
 - Activation and verification roles may be decided on by the evening shift pharmacists for that day
 - **In general there should be no more than approximately 10 patients with periop orders to be verified at a given time in the queue**
- Any periops in "HH/S1/S2OR Pharmacy (+1)" that have not been addressed by second shift pharmacists are the responsibility of the midnight pharmacists. The need to activate any remaining plans should be communicated appropriately at shift change

- **Periop Nuances:**

- On weekends, please DO NOT verify any cases for Tuesday that do not have a green check
- If there are multiple plans to be activated, the pharmacist should refer back to the tracking board to determine which plan should be activated for the corresponding case. (Ex: If patient has plans for both endo and ortho procedures, but the patient case is listed under the endo cases, only activate the endo plan)
- If a med has to be voided and re-entered, it should be re-entered via the same plan under “Add to Phase” to ensure it remains tied to the plan. (Do not just void and copy)
 - Ex: NOW cefoxitin order—it should be changed to a routine, on-call order prior to activation, as this cannot be changed on verification
 - If activated as a NOW order, the verifying pharmacist will need to void the order and re-enter it correctly under the same PowerPlan as stated above.



- **CARD THC CT Scanning Orders– Pregnancy/Breastfeeding Status is in the Power Plan itself (see image below)**



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05.09.2023