

**SURGICAL REQUIRED ELEMENTS**

**Ronald Reagan UCLA Medical Center & Santa Monica  
UCLA Medical Center and Orthopaedic Hospital**

**Pre-Operative Notes**

1. What is the status of the patient's most current History & Physical?
  - The most current H&P was performed within the past 24 hours.
  - The most current H&P is > 24 hours and < than 30 days and having examined the patient, I attest that there are no changes to the H&P.
  - Changes to the most current H&P > 24 hours and < than 30 days have been noted in the progress notes or are noted here: \_\_\_\_\_
2. Does the patient have a pre-operative infection or suspected infection?
  - NO     YES

If giving Vancomycin for surgical prophylaxis, specify reason:

- Beta-lactam (penicillin or cephalosporin) allergy
- Increased MRSA rate operation specific or facility wide
- MRSA infection or colonization
- Valve surgery on O.R. consent
- Chronic wound care or dialysis

**MD/NP/PA SIGNATURE:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**SCIP Peri-Operative Beta Blocker**

1. Was the patient taking a beta-blocker before surgery?     NO     YES
2. If YES to #1, specify the last dose DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DRUG: \_\_\_\_\_ DOSE: \_\_\_\_\_

**MD/CRNA/RN SIGNATURE:** \_\_\_\_\_ **ID# (MD/CRNA only):** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

3. If YES to #1, and if last dose NOT within 24 hours of surgery start, specify approved exception or intervention:

- Beta-blocker held due to hemodynamic instability, bronchospasm or anemia
- Beta-blocker given during anesthesia care or during the recovery period (see Anesthesia Documentation)

**ANESTHESIA (MD/CRNA) SIGNATURE:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**Post-Operative Notes**

Surgeon: \_\_\_\_\_ Asst. Surgeon: \_\_\_\_\_  
Pre-Op Diagnosis: \_\_\_\_\_ Post-Op Diagnosis: \_\_\_\_\_  
Procedure(s) Performed: \_\_\_\_\_

Findings: \_\_\_\_\_

- Tissues Altered:     NONE     YES \_\_\_\_\_  
Specimens Removed:     NONE     YES \_\_\_\_\_  
Prosthetic Devices/Implants Used:     NONE     YES \_\_\_\_\_  
Complications:     NONE     YES \_\_\_\_\_  
Estimated Blood Loss:     Minimal     \_\_\_\_\_cc     On CP Bypass

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**SCIP Inpatient Notes** (Complete on **Post-Op DAY ONE** for all inpatients)

1. **Antibiotics:**     Will stop within 24 hours of surgery end (48 hours for cardiac surgery only)  
                           Will continue due to infection or suspected infection
2. **Pharmacologic DVT Prophylaxis:**     Has been started (Heparin, Lovenox, Arixtra or Coumadin)  
   Held due to increased risk for bleeding or nature of cardiac/vascular procedure
3. **Urinary Catheter:**     Has already been removed or will be removed today (post-op day one)  
   Will remain in place for I&O monitoring, urinary retention, strict bedrest or nature of urologic/gynecologic procedure
4. **Beta-Blocker:**     Has been restarted (only applies to patients who were on beta-blockers before surgery: see peri-op beta-blocker above)  
   Held due to hemodynamic instability, bronchospasm or anemia

**MD/NP/PA SIGNATURE:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_