MANDATORY FIELDS IN CAPITAL LETTERS

Facility Use Only

Hospital Chart #	**Waitlist Start Date**	**Booking ID #**

SECTION 1: SURGICAL BOOKING INFORMATION

PREFERRED FACILITY:	Date/Time of Surgery:	**POST-OP BED REQUIRED**	**ADMISSION TYPE**	
Date/Time of Admission:		☐ Critical Care ☐ Surgical Telemetry ☐ Observation ☐ Other:	☐ DS ☐ DAS/SDS ☐ IP __ days before surgery ☐ Other:	**Saskatoon-PAC Admission** ☐ DS_PAC ☐ PSDS

PATIENT LAST NAME	**FIRST NAME**	Middle Name	Billing information (if not SK gov):

HEALTH SERVICE NUMBER	**DATE OF BIRTH** (MM/DD/YYYY)	**SEX** ☐ M ☐ F ☐ X Preferred Pronoun:	Alternate Contact Name:

PERMANENT ADDRESS	**CITY OR TOWN**	**PROVINCE**	**POSTAL CODE**	Alternate Contact Phone #:

PRIMARY PHONE #	Cell Phone #	Work/Other Phone #	Email:

REFERRING PHYSICIAN	**DATE REFERRAL RECEIVED** (MM/DD/YYYY)	**FIRST CONSULT DATE** (MM/DD/YYYY)	Family Physician

DIAGNOSIS CODE	**DIAGNOSIS DESCRIPTION** (If using OTHER, a free text description must be entered)	**PROVEN OR SUSPECTED CANCER** ☐ Yes ☐ No

Pre-op diagnosis:

SURGEON	**PROCEDURE**	**LATERALITY:**	**SITE:**
1			
2			
3			

Assistant Required: ☐ Yes ☐ No	Assistant Name:	**EST. PROCEDURE TIME**:

TIME UNAVAILABLE DATES WERE DISCUSSED WITH PATIENT ☐ Yes ☐ No	Unavailable from:	Unavailable to:	Reason:	**AVAILABLE SHORT NOTICE (1-5 DAYS)** ☐ Yes ☐ No

Preferred anesthetic: ☐ General ☐ Spinal/Epidural ☐ Retrobulbar ☐ Local ☐ Topical ☐ MAC ☐ Regional ☐ None

Alerts/Additional Conditions: ☐ None

☐ Advance Directive ☐ ARO (_____) ☐ BMI over 40

☐ Malignant hyperthermia ☐ Diabetes Type 1 ☐ Diabetes Type 2 ___IDDM ___ NIDDM

☐ Previous complications:

☐ Other:

Allergies: ☐ None known

☐ Latex Allergy

☐ Metal Allergy

☐ Other:

Operating Room Needs: ☐ Bariatric Equipment ☐ C-arm (Fluoro)

☐ Items/Equipment/Loaner sets:

Booking Comments:

SURGEON SIGNATURE

***** For All Pre-Op Physician Orders, including labs, imaging and consults, refer to page 2 *****

PRE-OPERATIVE ORDERS FOR SURGICAL BOOKING FORM
for TRIAL use in Regina only

MUST ATTACH COMPLETED PATIENT REPORTED HISTORY TO BOOKING PACKAGE

Follow All Surgery Algorithm for pre-op testing and consultations? (16 years of age or older)

(Algorithm option available for use by approved surgical service lines that have received education and training)

☐ **YES** ☐ **NO**

Complete orders below for:
- Orders not included on the All Surgery Algorithm (RQHR 1690)
- Patients not following the All Surgery Algorithm (RQHR 1690)
- All patients under 16 years of age

****DO NOT complete if surgery-specific PPO/Order Set completed****

Consults

To be completed at PAC: (include all relevant reports with chart [e.g. cardiology, respiratory, neurology, etc.])

☐ Anesthesia (reason): _____

☐ Internal Medicine (reason): _____

NOTE: Cardiology and Pediatric referrals are not completed in PAC. Surgeon's office to arrange.

Laboratory (Results, excluding Group & Screen, are valid for 90 days unless specified otherwise)

Hematology/ Transfusions
- ☐ CBC
- ☐ PT/INR
- ☐ aPTT
- ☐ Group & Screen
- ☐ Cross match ____ units

Chemistry
- ☐ Renal Panel
  - ☐ Electrolytes
  - ☐ Urea, Creatinine
- ☐ Random Glucose
- ☐ Ca, Mg, PO_4

Liver
- ☐ Liver Panel
  - ☐ T Bili
  - ☐ ALK Phos
  - ☐ ALT
  - ☐ Albumin

Blood Gas
- ☐ Venous
- ☐ Arterial:
  - ☐ Room Air
  - ☐ with O_2

Urine
- ☐ Urinalysis
- ☐ C&S

Iron Studies: ☐ Ferritin ☐ Fe/TIBC/TSAT ☐ B12

Day of surgery:
- ☐ Pregnancy Test: ☐ Urine ☐ Serum
- ☐ _____

☐ Other: _____

Cardio/Neuro Diagnostics

☐ ECG ☐ Other: _____

Medical Imaging (MRIs to be arranged by surgeon's office)

☐ None required

☐ Chest X-ray

☐ X-ray _____ View(s): _____ ☐ Right ☐ Left ☐ N/A

☐ Other _____

Other

☐ Bowel prep: _____

☐ Antibiotic(s): _____

☐ Medications to stop: _____

☐ VTE Prophylaxis x 1 dose in O.R. by anesthesiologist:

☐ **Creatinine clearance (CrCl) 20 mL/min or greater: tinzaparin.** Select (actual body) weight-based dose below

Weight (kg)	tinzaparin dose	Weight (kg)	tinzaparin dose	Weight (kg)	tinzaparin dose
☐ 30 or less	2,500 units SUBQ	☐ 120.1 – 150	10,000 units SUBQ	☐ Greater than 225	Contact Pharmacy
☐ 30.1 – 50	3,500 units SUBQ	☐ 150.1 – 175	12,000 units SUBQ		
☐ 50.1 – 80	4,500 units SUBQ	☐ 175.1 – 200	14,000 units SUBQ		
☐ 80.1 – 120	8,000 units SUBQ	☐ 200.1 – 225	16,000 units SUBQ		

☐ **Creatinine clearance (CrCl) less than 20 mL/min or on dialysis: heparin** 5,000 units SUBQ

Practitioner:	_____ **PRINTED NAME**	_____ **SIGNATURE**	_____ **DATE/TIME**