Mark Ayzenberg, MD – General Ortho Surgery Checklist

Patient Name: _____ Date: _____

Procedure: ( ) R ( ) L ( ) Bilateral Time: _____ Sx Date:_____

PROCEDURE:

PRE-OP PREP (Please have meds given and DME fitted in advance of surgery)

Preop Meds: ( ) Chlorhexidine wash x 3 days preop and morning of surgery ( ) Other:_____
DME: ( ) Ice Machine/Cryocuff ( ) CAM walker ( ) Regular Sling ( ) Don Joy Ultrasling **IV** 15° ( ) Other: _____
Imaging: _____
PT: ( ) Crutch training

SURGERY

Facility: ( ) Inspira MH ( ) Surgical Studios ( ) Vineland ASC ( ) Inspira Vineland ( ) Inspira Elmer
Anesthesia Block: ( ) No ( ) Yes
Intra-op Meds: ( ) Ancef 2gm (3gm for >120kg) (Vanco if allergic to Ancef ( ) Exparel ( ) TXA ( ) Vanco Powder 1gm
Equipment: ( ) Ortho minor tray ( ) Ortho major tray ( ) Bone clamp set ( ) Shukla screw removal
( ) Other:_____
Implants Rep:_____
Allografts: _____
Position: ( ) Supine ( ) Lateral ( ) Prone ( ) Beach Chair
Positioning Equipment: ( ) Fracture table w/ ( ) traction ( ) radiolucent flat board ( ) Flat Jackson table
( ) Hand table ( ) Lead Hand ( ) Radiolucent elevated arm board ( ) Other:_____
Fluoro: ( ) N ( ) Y: Large C-arm ( ) Y: Mini C-arm

POST-OP CARE (Please ensure patient has scripts for these before surgery)

Post-op Meds: ( ) Aspirin 325mg daily x 30 days ( ) Pain Medicine:_____ ( ) Other:_____
Post-op X-ray Orders: _____-
Post-op Follow-up Appt: ( ) 1 week ( ) 2 weeks ( ) Other_____

Post-op PT Protocol: _____

Other Notes:_____