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

PATIENT LAST NAME	FIRST NAME	Middle Name	Responsibility for payment ☐ SK Health ☐ Self pay ☐ Other
HEALTH SERVICE NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX ☐ M ☐ F ☐ X Preferred Pronoun ☐ He ☐ She ☐ They	NOK/LEGAL GUARDIAN NAME
PERMANENT ADDRESS	CITY OR TOWN PROVINCE POSTAL CODE		PHONE # (if different from patient)

PRIMARY PHONE #	Alternate Phone #	Day Before Surgery Phone #	e-mail	

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

DIAGNOSIS CODE	DIAGNOSIS DESCRIPTION (Enter free text if using "other" Dx Code)	PRIORITY ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	PROVEN OR SUSPECTED CANCER ☐ Yes ☐ No
Pre-op diagnosis:			

SURGEON 1	PROCEDURE	LATERALITY:	SITE:
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 required ☐ 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:	
	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
Iron Studies: ☐ Ferritin ☐ Fe/TIBC/TSAT ☐ B12
☐ Other: _____

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$_2$
Day of surgery:
☐ Pregnancy Test: ☐ Urine ☐ Serum
☐ _____

Urine
☐ Urinalysis
☐ C&S

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**

Approved by: Department of Surgery and Anesthesia (Regina), September 2022
Approved for use by: SHA Order Set Committee, September 2022
CS-OS-3000 February 14, 2024   Page 2 of 2
Inquiries about this order set can be sent to clinicalstandards@saskhealthauthority.ca