



**AMBULATORY SURGERY CENTER:
SPINAL PROCEDURE ORDERS**

ORDERS: Must include physician's signature and ID#			
ALLERGIES:			
MEDICATIONS: PLEASE MARK BOXES WHERE APPROPRIATE			
Medication	Route	Volume: mL used	Trans. Init/ ID#
<input type="checkbox"/> Lidocaine 1% (MPF: Methylparaben Free)			
<input type="checkbox"/> Lidocaine 1% (MPF: Methylparaben Free)			
<input type="checkbox"/> Iohexol (OMNIPAQUE) 240 mg/mL			
<input type="checkbox"/> Triamcinolone (KENALOG) 40 mg/mL			
<input type="checkbox"/> 0.9% sodium chloride			
<input type="checkbox"/> 0.25% Bupivacaine (MARCAINE)			
<input type="checkbox"/> MethylPREDNISolone acetate (DepoMedrol) 80 mg/mL			
<input type="checkbox"/> 0.5 % Bupivacaine (MARCAINE)			
<input type="checkbox"/> 8.4% Sodium Bicarbonate			
<input type="checkbox"/> Betamethasone (CELESTONE SOLUSPAN) 6 mg/mL			
<input type="checkbox"/> CeFAZOLin 1 gram in 20 mL Iohexol (OMNIPAQUE) Do NOT mix CeFAZOLin with normal saline			
<input type="checkbox"/> Clindamycin 900 mg in 20 mL Iohexol (OMNIPAQUE) Do not mix Clindamycin with normal saline			
<input type="checkbox"/> Dexamethasone 10mg/mL			
<input type="checkbox"/> Gadoteridol (Prohance) 279.3 mg/mL			
<input type="checkbox"/> Other			
IRRIGATION:			
<input type="checkbox"/> None			
<input type="checkbox"/> Other (specify):			
PREPARATIONS:			
<input type="checkbox"/> Chlorhexidine gluconate 2% and 70% isopropyl alcohol (ChloraPrep equiv.)			
<input type="checkbox"/> Other (specify):			
INTRAOPERATIVE RADIOLOGY:			
<input type="checkbox"/> Fluoroscopy			
<input type="checkbox"/> Other:			
OTHER:			
MD/LIP/NP Signature:		ID#:	Date:
Nurse Signature:		ID#:	Date:
		Time:	Time: