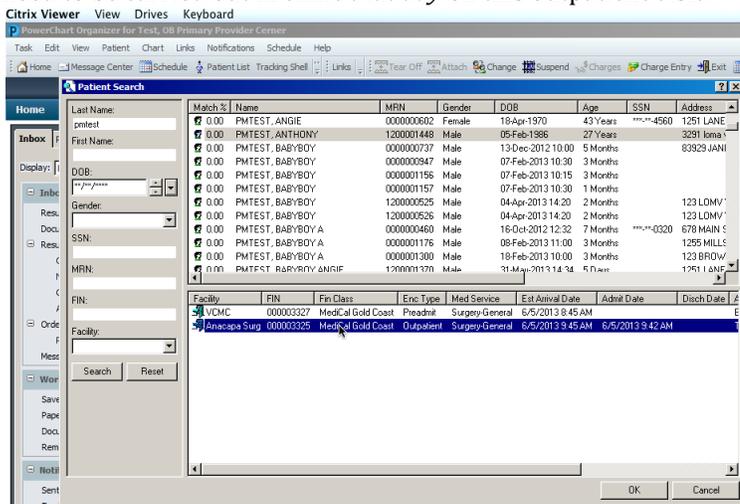## Outpatient Preop

When you see the patient for their preop visit, you will first use their current outpatient visit; this is the chart that automatically opens when you click on the patient's name from your schedule. *Document your H&P* and place any orders that need to be carried out in clinic *that day* on this outpatient visit.


If you have the correct encounter, it should say "Outpatient FIN" under the patient name on the banner bar.


Placing Preop Orders

When you are ready to place your preop orders, they need to be placed on the *PREADMIT encounter (DO NOT use a PREREG encounter).* This encounter will be created by preadmitting when the surgery is scheduled. You should get a message with the correct FIN number when the encounter is created. If you are doing the preop orders the same day you make the decision for surgery, you or your clinic staff will need to call preadmitting to have them create this encounter in order to enter preop orders. If there is more than one Preadmit encounter, you may need to call preadmitting to figure out which one is intended for your surgery.

To switch to the pre-admit encounter, click on Patient Information in the menu.
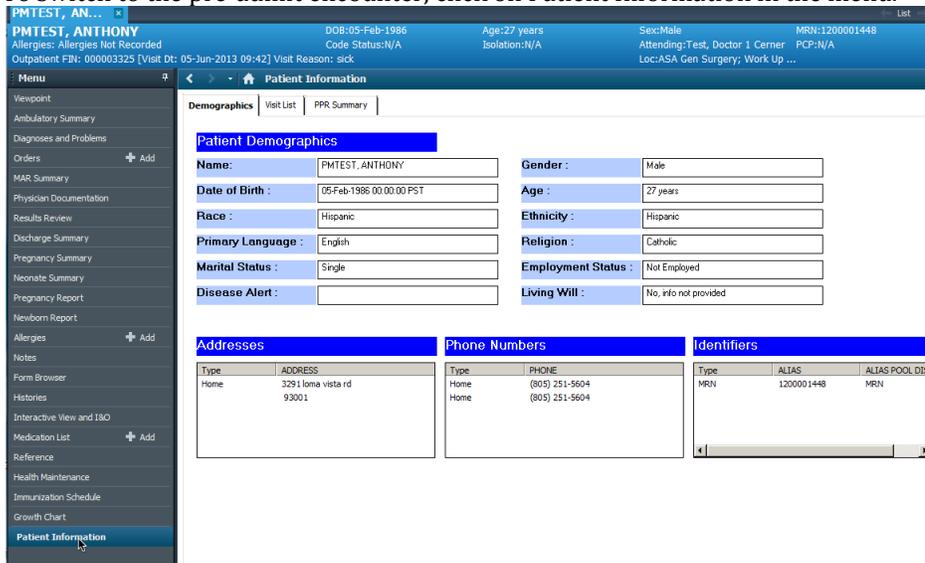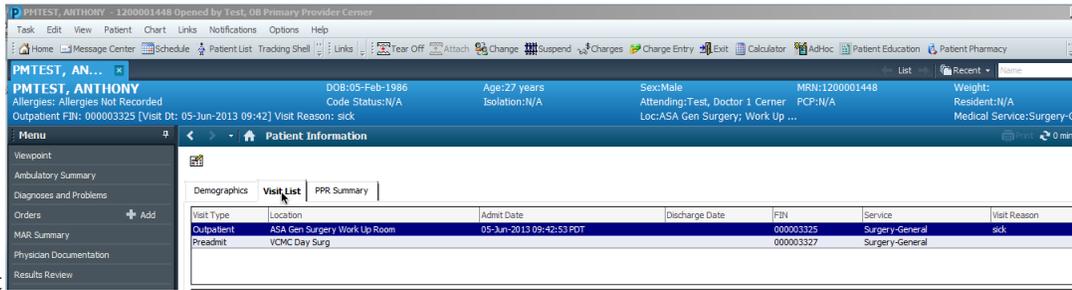
Then click on Visit List

Right click on the correct encounter and select Change Encounter
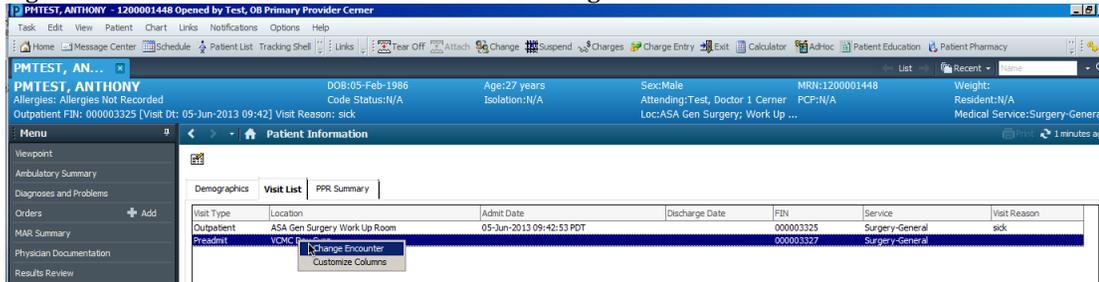
You will now see Preadmit under the patient name.

The preop powerplans are multiphase plans, which means that each section can be initiated/acted on at a different time. There is a SURG Pre-Op plan and an OBGYN Hysterectomy Preop plan. They each have 3 phases.
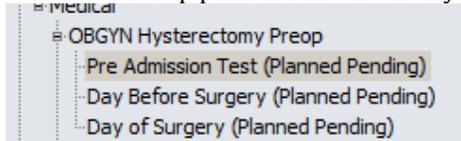

First enter the orders for the preop testing phase. *SIGN AND INITIATE the preop testing phase.*
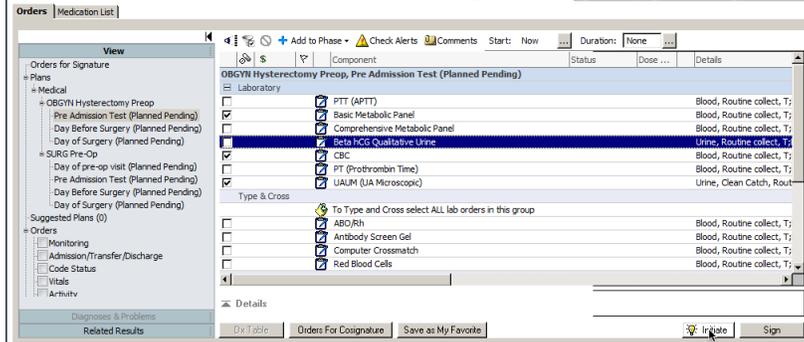
Then enter the orders for the day before surgery phase by clicking on the left side under the View. This phase contains the day of surgery medications per pharmacy request. These orders are left in a PLANNED state, so *SIGN BUT DO NOT INITIATE*. The preop nurse will initiate these orders on the day before surgery.

Then enter the orders for the day of surgery phase, now clicking that part uner the View column to the left. These orders are left in a PLANNED state, meaning *SIGN BUT DO NOT INITIATE*. You will need to put an admitting physician in the orders and the name of your procedure.

CHECK ALERTS so that the person who initiates the orders does not have to call you about missing details.
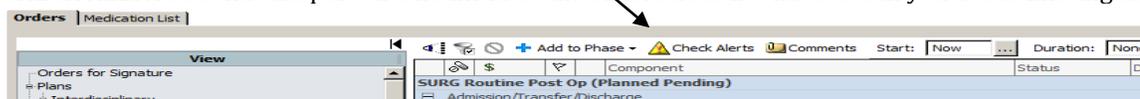
SIGN the orders when you have completed all of the phases.

If you have done your orders correctly, they should look like this:
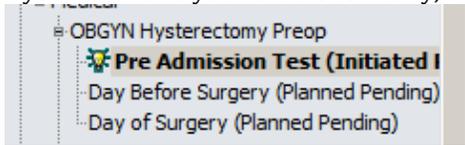
Placing Postop Orders

For an inpatient, discontinue any prior Powerplans/orders that are no longer needed. DO NOT discontinue the PACU orderset(s)

Perform a medication reconciliation. If the patient is a same day admit, perform Admission Meds Rec. If the patient is an inpatient, perform a Transfer Meds Rec. For same day surgeries, perform the Discharge Meds Rec. (For patients being admitted to a medicine service, let them know the surgery is complete and they should perform the appropriate Meds Rec and enter orders). DO NOT Discontinue the PACU orders.

Enter any orders to be done in the Recovery Room and SIGN AND INITIATE those orders.
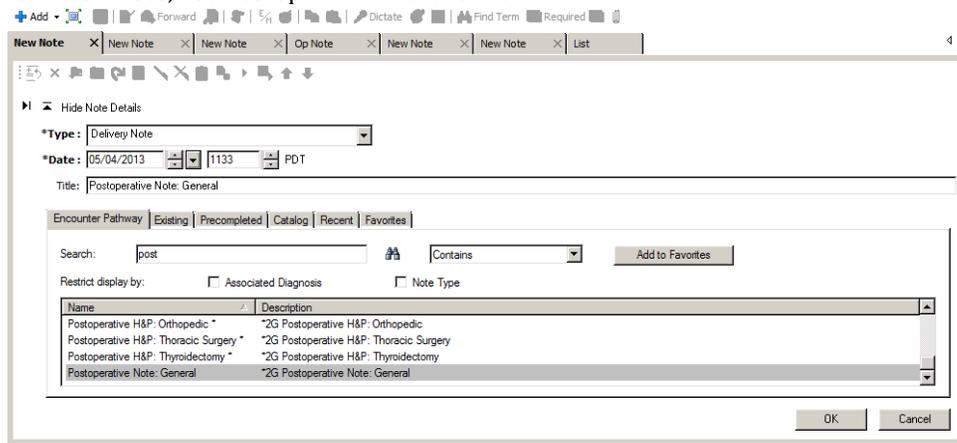
Place your post op Powerplan. SIGN BUT DO NOT INITIATE, leaving in a planned state. CHECK ALERTS.
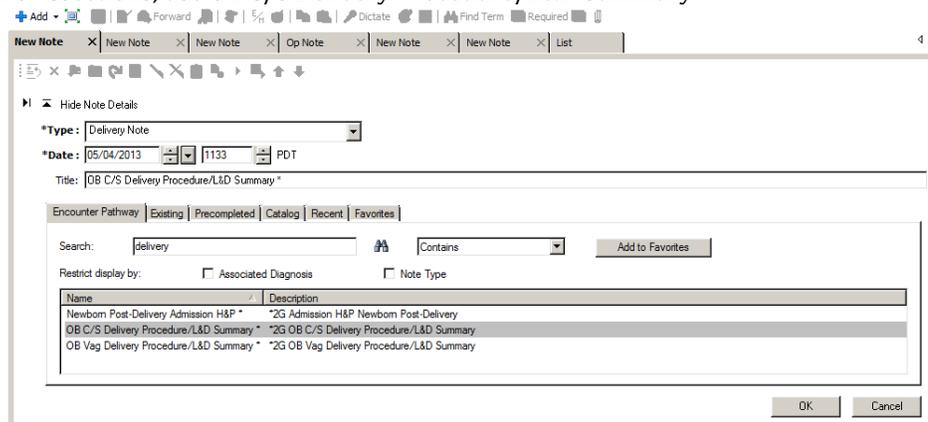

Operative Report

Use Powernotes for your Operative Report

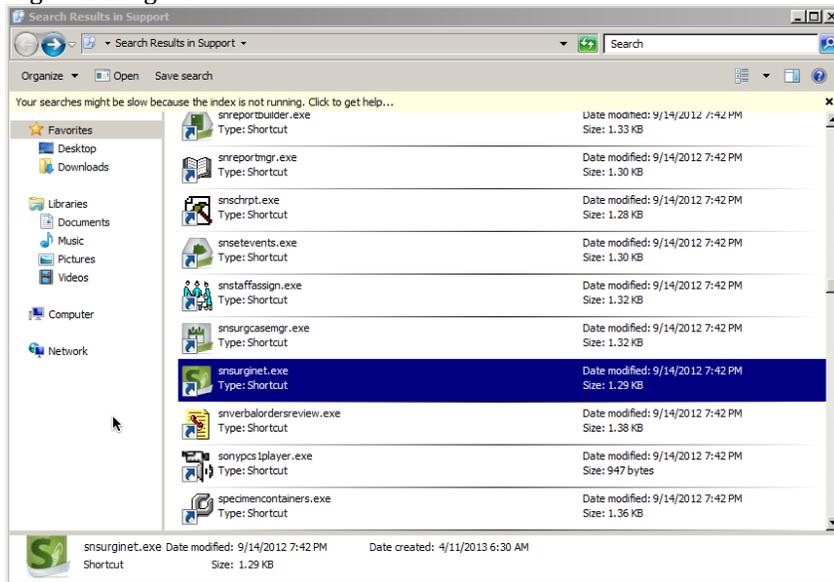For most cases, use Postoperative Note: General

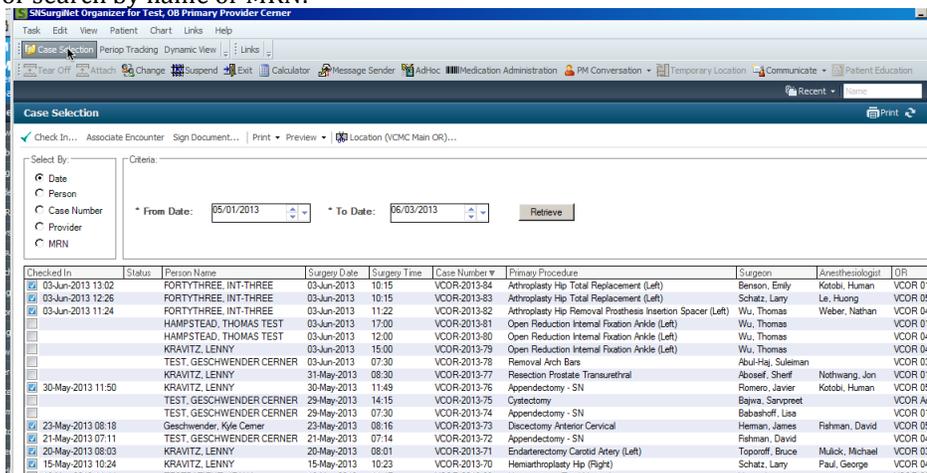For Csections, use OB C/S Delivery Procedure/L&D Summary:

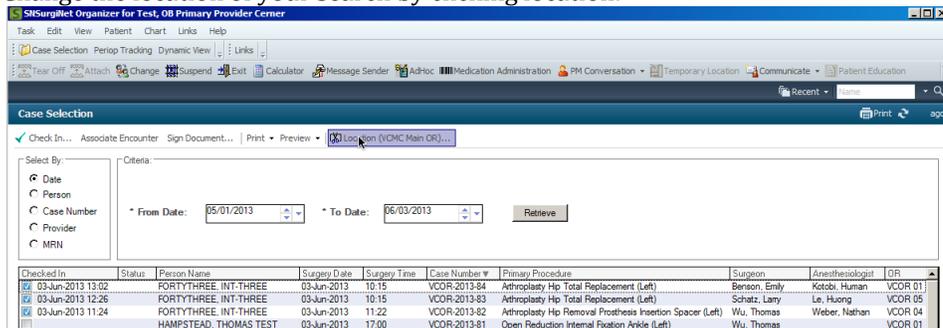## Viewing the Surgery Schedule

Log in to Surginet

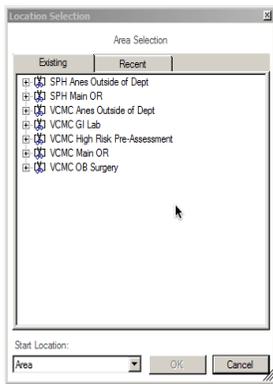You will use the same login that you use for Powerchart. Our access will allow us to view only.

From here you can view the upcoming (or past) case schedule. You can find cases within a date range, for a specific provider, or search by name or MRN:

Change the location of your search by clicking location:

Select your desired location in this box:

A checkbox next to the name means the patient has arrived:

Follow the progress of today's cases in the OR by clicking Perioperative Tracking: