

Kopchinski, John B

From: Lustig, Matthew W
Sent: Monday, June 24, 2002 8:28 PM
To: K1G14, USPF; K1G17, USPF; K1G18, USPF; K1G19, USPF; K1G21, USPF; K1G22, USPF; K1G23, USPF; K1G24, USPF; K1G25, USPF
Subject: FW: Bextra Pre-op Protocol

Sharks,

Where are our protocols?

Matt

-----Original Message-----

From: Brown, Mark
Sent: Sunday, June 23, 2002 6:31 PM
To: K1A00, USPF; K1B00, USPF; K1C00, USPF; K1D00, USPF; K1E00, USPF; K1F00, USPF; K1G00, USPF; K1H00, USPF; K1J00, USPF; K1K00, USPF; K1L00, USPF; K1M00, USPF; K1N00, USPF; K1X01, USPF
Cc: Dowd, Christopher P
Subject: FW: Bextra Pre-op Protocol

Agents of Change:

Another example of a surgery protocol.

Compliments to Roger and Derrick for this excellent work.

Mark

-----Original Message-----

From: Surratt, Derrick L
Sent: Friday, June 21, 2002 11:05 AM
To: Carter, Ralph; Catlett, Roger L; Hausen, Jack P; James, Terri R; Keathley, Dennis E; McCulloch, Hollye D; Pippin, Ashley R; Shaw III, Sherard R
Cc: Brown, Mark
Subject: Bextra Pre-op Protocol

Gold,

Attached you will find a protocol for Bextra with Dr. McIlwain in Tri Cities that Roger Catlett helped develop. Roger has done a great job implementing this strategy we talked about at POA-2 and will definitely reap the benefits of this protocol. Great job Roger! 5000 Ace Points on the way.

Derrick



Bextra Protocol.jpg

PROCEDURE SCHEDULING

DR. MCILWAIN

1. INSURANCE _____ PRE-CERT PHONE# _____

2. DATE _____

3. PRE-CERTIFICATION INFO _____

_____ BRISTOL REGIONAL MEDICAL CENTER _____ BRISTOL SURGERY CENTER

ADMISSION INFORMATION

PATIENT'S NAME: _____

DIAGNOSIS: _____

PROCEDURE: _____

_____ RIGHT _____ LEFT
ANESTHESIA: _____ GENERAL _____ REGIONAL _____ LOCAL

ANESTHESIA GROUP: _____

AUTOLOGOUS BLOOD: _____ YES _____ NO _____ UNITS

DIET: _____

DATE OF ADMISSION: _____

DATE OF PROCEDURE: _____

_____ WILL X RAY BE NEEDED IN SURGERY? TYPE _____

ICU BED? _____ YES _____ NO

SPECIAL EQUIPMENT/SUPPLIES: **EXTRA 3 DAYS BEFORE**

TOTAL JOINT TO BE USED: _____

ADMIT DAY(S) BEFORE SURGERY: _____

LENGTH OF STAY: _____

PRE-OP: CBC, SMA-18, URINALYSIS, EKG, CHEST X-RAY _____

ALLERGIES: _____

HEALTH PROBLEMS: _____

NOTIFY FAMILY DOCTOR: _____

TYPE OF ADMISSION: _____ SS, _____ AM, _____ 23 HOUR

DATE POSTED: _____ BY (INITIALS): _____