CORE
ORTHOPEDICS & SPORTS MEDICINE

Daniel T. Kuesis, M.D.
Gregory N. Drake, D.O.
Jeffery A. Murray M.D.
Raymond J Metz Jr. MD

Specialties:

Orthopedic Surgery
Arthroscopic Surgery
Sports Medicine
Adult/Pediatric Fractures
Trauma
Cartilage Restoration
Spine/Shoulder Specialist
Joint Replacement/Revision

555 Biesterfield Road
Elk Grove Village, IL 60007

2380 Lakewood
Hoffman Estates, IL 60169

847-690-1776
Fax 847-690-1777

www.coreorthosports.com

Patient Pre-surgery checklist

Name:_____ Date of procedure: ____/____/_____

The hospital will call you the night before surgery to tell you what time to be there!!

Location of procedure:

____Alexian Brothers Medical Center
Elk Grove Village
847-437-5500

_____Good Shepard hospital
Barrington
847-381-0123

_____ Get lab work done **3** weeks prior to surgery (bring script provided) If there is a delay it may postpone surgery. (NO APPOINTMENT NEEDED)

_____ See Primary Care Physician and any other specialists 3-4 weeks prior. (Bring script provided)

_____ No eating or drinking after 11PM the night before surgery (you may take important medications such as blood pressure medication with a tiny sip of water)

_____ Do not take medications such as Advil, Aleve, Motrin, Naprosyn, Mobic, Multivitamins, Vitamin E, Fish oil or Herbal medications starting 7 days prior to surgery, as they can effect bleeding time. Tylenol is ok to take.

_____ Follow up with Dr. Kuesis in the office one week prior to surgery for a final consultation. Please bring any family members with you at that time.

_____ Have transportation to take you home

Very Important! If you are having possible rotator cuff repair of possible ACL reconstruction, you must start PT 3 days Post-op, **NO DELAYS**. Please arrange for this ahead of time. Note, you will not be driving for 6 weeks post-op until out of brace and not on pain meds. One of Dr. Kuesis' assistants will contact you 1-2 days after surgery if you have one of these procedures. They will fax an order to your physical therapy facility. We are unable to give you an order prior to surgery because we write specific instructions based on the surgical procedure done.

**Please drop off any disability paper work at our office and allow one week for completion. Do not bring to the hospital. Please note there is a one-time $30 fee for completing these forms. Dr. Kuesis will speak with your family after the procedure, if they are not there after surgery he will go over everything at the post-op visit. He will be unable to call relatives if they are not there. Also, please note if your insurance changes the front desk will need an enlarged clear copy of the card faxed or dropped off at the office. Please call and let us know if it is switched so that your surgery may be properly pre-certed.

****Please note, any outstanding balance at Core orthopedics must be paid in full prior to surgery****

Please call 847-690-1776 x1013 with any questions.

Thank you,
Nursing Staff

General Medical Preoperative Optimization
☐ FAX to ABMC: 847-956-5105

PATIENT: _____ SURGEON: _____

PRIMARY CARE PROVIDER: _____ SURGERY: _____

SURGICAL DATE: _____

Past Surgical History: _____

Significant Diagnoses: CHECK ALL THAT APPLY

- ☐ Cardiac Disease:
  - ☐ Hx CHF Stage _____ Left Ventricle Ejection Fraction _____
  - ☐ Coronary Artery Disease
- ☐ Cardiac Stents: Most Recent Cardiac Stent Date _____ ☐ Bare Metal ☐ Drug Eluting
- ☐ CABG: Year _____
- ☐ Valvular Heart Disease: Types and Severity: _____
- ☐ Stents, Non-Cardiac Location
- ☐ Stroke / Peripheral Arterial Disease
- ☐ COPD/Asthma: ☐ FEV1 < 1 Liter ☐ History of Smoking Within Last 2 Months ☐ Steroid Dependent ☐ Oxygen Dependent
- ☐ COPD: ☐ Mild ☐ Moderate ☐ Severe ☐ Very Severe
- ☐ Diabetes: Latest HgbA1C _____ Date _____
- ☐ Obesity/OSA: BMI _____ ☐ CPAP/BIPAB CPAP/BIPAP Settings _____
- ☐ Coagulopathy: ☐ Abnormal PT/PTT
- ☐ Anemia ☐ Thrombocytopenia ☐ Leukopenia
- ☐ History of Heparin Induced Platelet Antibody (HIPA)
- ☐ History of DVT/PE: Date _____ Post Op vs. Spontaneous _____
- ☐ Renal Failure/Insufficiency: Creatinine Level _____ EGFR _____
- ☐ Dialysis/ ESRD
- ☐ Abnormal EKG or Rhythm Disorder: Explain: _____

OTHER SIGNIFICANT DIAGNOSES: _____

ANTICOAGULATION:

Check patient's drug, and instruction box regarding when to continue or discontinue prior to surgery

ANTIPLATELET	CONT PREOP	WHEN TO DC
☐ Aspirin	☐ Physician completing this form is responsible to notify surgeon if pt is taking any of these meds preop	☐ 7 days preop
☐ Clopidogrel (Plavix)	☐	☐ 7 days preop
☐ Prasugrel (Effient)	☐	☐ 7 days preop
☐ Aggrenox (ASA + dipyridamole)	☐	☐ 7 days preop
☐ Ticagrelor (Brilinta)	☐	☐ 7 days preop
☐ Ticlodipine (Ticlid)	☐	☐ 7 days preop

ANTITHROMBIN X/A	WHEN TO DC
☐ Warfarin (Coumadin)	• 5 days
☐ Dabigatran (Pradaxa)	☐ 2 days if normal EGFR ☐ ___ days if abnormal EGFR
☐ Rivaroxaban (Xarelto)	☐ 2 days if normal EGFR ☐ ___ days if abnormal EGFR
☐ Apixaban (Eliquis)	☐ 2 days if normal EGFR ☐ ___ days if abnormal EGFR

BRIDGING THERAPY:

- ☐ Patient requires preoperative bridging. Physician supervising bridging: _____
- ☐ Patient requires postoperative bridging. Physician supervising bridging: _____
- ☐ Consult Cardiologist for post-operative care: _____
- ☐ Consult Physician _____ for medical post-operative management

BETA BLOCKER:

Is patient on beta blocker? ☐ Yes or ☐ No and _____

- If yes, continue beta blocker at all times
- If yes, place beta blocker protocol on chart

☐ This patient is medically optimized for surgery
☐ This patient is NOT medically optimized. Physician must notify Surgeon ASAP
Reason: _____

The above information has been dictated in my H&P done on _____ (date), dictation # _____
THIS FORM DOES NOT REPLACE THE H&P, but positive diagnosis should be covered in H&P.

Date _____ Time _____ Physician Signature _____

Please fax to Dr. Kuesis: 847-690-1777

And

ABMC 847-956-5105

Good Shepherd 847-842-4457

Patient Name: _____

Date of Birth: _____

Cardiology Preoperative Optimization
☐ FAX to ABMC: 847-956-5105

PATIENT: _____ SURGICAL DATE: _____

PRIMARY CARE PHYSICIAN: _____ SURGERY: _____

CARDIOLOGIST: _____ SURGEON: _____

In order to avoid unnecessary cancellations or delays, please complete and FAX TO 847-956-5105 with supporting test results, including EKG, Ultrasound, stress testing, and angiographic reports.

CARDIAC HISTORY:

- ☐ MI: Date of last MI: _____
- ☐ CAD:
  - ☐ CABG: Date: _____
  - ☐ Coronary Angioplasty: Date: _____
  - ☐ Coronary Stent(s):
    Bare Metal: Location(s): _____ Date Inserted: _____
    Drug Eluting: Location(s): _____ Date Inserted: _____
- ☐ Stress Test Results: _____
- ☐ Cardiomyopathy: ____ Ischemic ____ Other: Describe: _____ Ejection Fraction: _____
- ☐ Heart Failure: ____ Compensated ____ Uncompensated Ejection Fraction: _____
- ☐ Valvular Heart Disease: Types and Severity: _____
- ☐ Peripheral Vascular Disease: _____
- ☐ Abnormal EKG or Rhythm Disorder: _____ Explain: _____
- ☐ Permanent Pacemaker or ICD: _____ Contact Name/Number for DOS device management: _____ #_____

ANTICOAGULATION:
Check patient's drug, and instruction box regarding when to continue or discontinue prior to surgery.

ANTIPLATELET	CONT PREOP		WHEN TO DC
☐ Aspirin	☐	Physician completing this form is responsible to notify surgeon if pt on any of these meds preop	• 7 days preop
☐ Clopidogrel (Plavix)	☐		• 7 days preop
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BRIDGING THERAPY:

- ☐ Patient requires Preoperative Bridging. Physician supervising bridging: _____
- ☐ Patient requires Postoperative Bridging. Physician supervising bridging: _____
- ☐ Consult Cardiologist for Post-Operative care.

BETA BLOCKER:
Is patient on beta blocker: ☐ Yes or ☐ No and _____

- If yes, continue beta blocker at all times.
- If yes, place beta blocker protocol on chart.

☐ This patient is optimized from a cardiac stand point.
☐ This patient is NOT optimized from a cardiac stand point. Physician must notify Surgeon ASAP.
Reason: _____

Date_____ Time _____ Physician Signature_____

Please fax to Dr. Kuesis: 847-690-1777

And

ABMC 847-956-5105

Good Shepherd 847-842-4457

Patient Name: _____

Date of Birth: _____

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Date:___/___/___

Dear Dr. _____.

Our mutual patient:_____D.O.B.___/___/____

Is on our surgical schedule for ___/___/___ @ ABMC/GSHP for the procedure of:_____

under _____anesthesia. Admission type: Day Surgery/ In-Patient.

Hx of:_____.

We have informed the patient to contact you for clearance, recommendations or orders for surgery. We have also instructed the patient to contact their primary care physician. The patient's primary care physician will be giving clearance but, we would like to ensure the patients safety with a collaborative team decision to proceed with surgery.

From: Dr. Kuesis/ Kim R.N

Phone 847-690-1776
Fax 847-690-1777

PLEASE CIRCLE ONE, SIGN AND FAX BACK TO 847-690-1777.

*Patient *IS* Cleared for Surgery OR Patient is *NOT* Cleared

*For inpatients.... Will you be rounding on the patient @ hospital? Yes or No?

*Comments or additional orders: _____

Signature: _____ M.D.

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Date:____/____/___

Dear Dr. _____,

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under _____anesthesia. Admission type: Day Surgery/ In-Patient.

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*Patient *IS* Cleared for Surgery OR Patient is *NOT* Cleared

*For inpatients.... Will you be rounding on the patient @ hospital? Yes or No?

*Comments or additional orders: _____

Signature: _____ M.D.

CORE Lab Work @ hospital

- ☐ Daniel T. Kuesis, M.D.
- ☐ Gregory Drake, DO
- ☐ Jeffrey Murray M.D
- ☐ Raymond J. Metz Jr. M.D.

NAME _____ DATE_____

D.O.S._____

Diagnosis **PRE-op testing**

CBC, CMP, EKG

No appointment needed

Dr._____

555 Biesterfield Rd., Elk Grove Village IL 60007
(847) 690-1776 ● Fax (847) 690-1777

Fax results to PCP & Dr. Kuesis

PREVENTION OF INFECTION
TOTAL JOINT PATIENT

Cleansing the skin before surgery is an important first step in reducing the risk of infection after a surgical procedure. Your participation in bathing with a cleansing product prior to surgery is vital.

SUPPLIES NEEDED:

- 1-2 bottles of over-the-counter Hibiclens (Chlorhexidine Gluconate) solution available at stores like Walgreens, Walmart, CVS, and Osco. Also available at St. Alexius Medical Center at no charge at the Day Surgery entrance reception desk, Monday - Friday and at Alexian Brothers Medical Center at the Outpatient Pharmacy and the Registration area.
- A clean washcloth

INSTRUCTIONS:

Two (2) days before surgery:

- Shower or bathe normally. Use your usual soap. Do not shave below the neck.
- Rinse well
- Apply plenty of Hibiclens using a clean washcloth to your entire body from the shoulders down. **Avoid your genitals and mucous membranes. Do not apply above the neck.**
- Leave on for three (3) minutes, then rinse well.
- Pat dry. It is normal for the skin to feel tacky or sticky for several minutes after using the Hibiclens, but this is only temporary.
- Do not apply lotions or creams to washed area after using Hibiclens.

One (1) day before surgery:

- Repeat above instructions.

Morning of surgery:

- Repeat above instructions.

WHEN YOU ARE AT THE HOSPITAL:

- Make sure to tell your healthcare providers that you completed the three (3) Hibiclens skin cleansings.

MUPIROCIN 2% OINTMENT:

Your physician will be giving you a prescription for Mupirocin 2% ointment. You may or may not need to fill this prescription; it depends upon your nasal swab test result. Only fill this prescription if the doctor calls you and instructs you to fill it. Again, your participation is vital as this will help reduce the risk of skin and soft tissue infections.

INSTRUCTIONS:

- Starting five (5) days before your surgery, apply a sufficient amount of ointment to cotton swab to coat the inside of both nostrils.
- Pinch nostrils closed and rub for thirty (30) seconds.
- Do this morning and evening each day including the morning of the surgery day.

If you have any questions, please call:

Alexian Brothers Medical Center
Pre-surgical Clinic (847) 640-3870

St. Alexius Medical Center
Pre-operative Testing Center (847) 755-8668

AMITA HEALTH™ Alexian Brothers Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007 St. Alexius Medical Center 1555 Barrington Road Hoffman Estates, IL 60169

Patient Name

PREVENTION OF INFECTION
TOTAL JOINT PATIENT

ITEM # 0071175
FORM # 36952 08/15
(Procedure Record)

PX