Cincinnati Children's Hospital Medical Center

General Surgery Scheduling Request

Patient Name (Last, First) (Affix Label)	
MR #	Sex
DOB	SS#

Priority Needed: ☐ Less than 48 Hours ☐ Elective

Surgery Date Requested	Surgery Start Time	Date of Admit

Requesting Surgeon -

Co-Surgeon/Proceduralist -

Post Operative Destination
- ☐ PACU only - Outpatient Cases
- ☐ Critical Care Unit post-op
- # Days _____
- Requested Unit _____
- ☐ IP/Observation Post-op # Days _____
- Requested Unit _____
- ☐ Isolation: Type Needed _____

Patient Type:
- ☐ IP ☐ Outpatient
- ☐ Surg Admit ☐ Observation
- ☐ OP 4
- ☐ Treatment Center
- ☐ Liberty ☐ Lib. Observ.

Patient Street Address	City	State	Zip Code

Parent / Guardian Name	Relationship	Home Phone

Cell Phone	Other Phone

Allergies

Requested Anesthesiologist (please call the office to request)

Anesthesia Consult Screening
- ☐ New Epidermolysis Bullosa Pt.
- ☐ Gastric Bypass Patient
- ☐ Organ Donor/Recipient
- ☐ Complex CHD
- ☐ Pulmonary Hypertension
- ☐ Severe/Uncontrolled Asthma
- ☐ Symptomatic BPD
- ☐ Nasal CPAP Dependent
- ☐ Muscular Dystrophy
- ☐ Hunter's Syndrome
- ☐ Surgeon Requests Consult
- ☐ Malignant Hyperthermia
- ☐ New Muscular Dystrophy Patient
- ☐ Spinal Fusion Patient
- ☐ New Barrett Center Patient
- ☐ Impaired Ventricular Function
- ☐ Pacemaker, AICD
- ☐ Severe Cystic Fibrosis
- ☐ Ventilator Dependent
- ☐ Oxygen Dependent
- ☐ Progressive Severe Weakness
- ☐ Metabolic/Mitochondrial Disease
- ☐ Continent Reconstruction
- ☐ Other, see comment
- ☐ New Aerodigestive Patient
- ☐ Glycogen Storage Disease
- ☐ Patient ≥ 21 Years of Age
- ☐ Single Ventricle
- ☐ Difficult Intubation
- ☐ Severe Sleep Apnea
- ☐ Facial CPAP Dependent
- ☐ Cervical Spine Instability
- ☐ Hurler's Syndrome
- ☐ Consult Required but Patient has had General Anesthesia in past 6 months
- ☐ Pt w/Ethical Issues (eg, Jehovah's Witness, DNR status)

Special Needs
- ☐ _____Syndrome
- ☐ Cystic Fibrosis
- ☐ Vagal Nerve Stimulator
- ☐ Autism
- ☐ Lab results needed pre-op
- ☐ OT needed
- ☐ Diabetes
- ☐ Tracheostomy
- ☐ Morbid Obesity
- ☐ Combative
- ☐ Blood Products: Type Needed _____
- ☐ Hem-Onc Patient
- ☐ Seizure History
- ☐ Cerebral Palsy
- ☐ Labs ordered pre-op
- ☐ PT needed
- ☐ Interpreter Requested: Language_____
- ☐ Other _____

- ☐ History of Major Anesthetic Complications_____
- ☐ PMH Reviewed by Surgeon - No Anesthesia Consult Needed _____
- ☐ Other comments_____

Prophylactic Antibiotics Requested ☐ If Checked, Fax Antibiotic Order Form To: (513) 636-3955 – Base (513)803-9596 – Liberty

Special Equipment
- ☐ Laser; Type:_____
- ☐ Table; Type:_____
- ☐ Compression Boots
- ☐ First Assistant _____
- ☐ Ligasure
- ☐ Harmonic Scalpel
- ☐ Bi-Polar
- ☐ Argon Beam
- ☐ C-Arm
- ☐ Cell Saver
- ☐ Spinal Monitoring

Additional Comments

Other Equipment/Comments

Primary Diagnosis	CPT	CPT	CPT	CPT
Secondary Diagnosis	ICD-9	ICD-9	ICD-9	ICD-9

Ins Co. 1	Policy/ID #	Subscriber	Group #	Ins Phone #
Contact Date	Contact Person	Pre-Cert/Auth #	LOS	Pre-Cert Phone #
Ins Co. 2	Policy/ID #	Subscriber	Group #	Ins Phone #
Contact Date	Contact Person	Pre-Cert/Auth #	LOS	Pre-Cert Phone #

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Surgeon Cut-to-Close
OR Time Requested: Hours: _____ Minutes: _____

PROCEDURES

INTEGUMENTARY

- ☐ 6630 ABSCESS INCISION & DRAINAGE _____ ☐L ☐R ☐B
- ☐ 2608 BREAST EXCISIONAL BIOPSY ☐L ☐R ☐B
- ☐ 2610 BREAST MASS EXCISION ☐L ☐R ☐B
- ☐ 1827 BREAST MASTECTOMY FOR GYNECOMASTIA ☐L ☐R ☐B
- ☐ 6611 DERMOID CYST EXCISION ☐L ☐R ☐B
- ☐ 6640 LESION EXCISION _____ ☐L ☐R ☐B
- ☐ 6620 FOREIGN BODY REMOVAL _____ ☐L ☐R ☐B
- ☐ 6623 HEMANGIOMA EXCISION _____ ☐L ☐R ☐B
- ☐ 6609 CYST EXCISION _____ ☐L ☐R ☐B
- ☐ 2674 TOENAIL/FINGERNAIL REMOVAL _____ ☐L ☐R ☐B
- ☐ 6671 WOUND CLOSURE _____ ☐L ☐R ☐B
- ☐ 6672 WOUND DEBRIDEMENT _____ ☐L ☐R ☐B

MUSCULOSKELETAL

- ☐ 6648 MASS EXCISION, OPEN APPROACH _____ ☐L ☐R ☐B
- ☐ 18132 MUSCLE BIOPSY _____ ☐L ☐R ☐B
- ☐ 18131 MUSCLE SKIN BIOPSY _____ ☐L ☐R ☐B

CARDIO-RESPIRATORY

- ☐ 18146 PECTUS CARANATUM REPAIR
- ☐ 18148 PECTUS EXCAVATUM REPAIR OPEN
- ☐ 18145 PECTUS BAR REMOVAL
- ☐ 18196 THORACOTOMY FOR: _____ ☐L ☐R ☐B
- ☐ 18197 THORACOTOMY W/ LOBECTOMY ☐L ☐R
- ☐ 18198 THORACOTOMY MASS RESECTION _____ ☐L ☐R ☐B

VASCULAR ACCESS

- ☐ 1836 CENTRAL LINE CATHETER PERCUTANEOUS INSERTION
- ☐ 1839 CENTRAL LINE CATHETER TUNNELED INSERTION SINGLE
- ☐ 1838 CENTRAL LINE TUNNELED INSERTION DOUBLE
- ☐ 1880 HEMODIALYSIS CATHETER INSERTION PERMANENT
- ☐ 1881 HEMODIALYSIS CATHETER INSERTION TEMPORARY
- ☐ 18128 MEDIPORT INSERTION DOUBLE
- ☐ 18129 MEDIPORT INSERTION SINGLE
- ☐ 1837 CENTRAL LINE REMOVAL
- ☐ 18130 MEDIPORT REMOVAL
- ☐ 1856 EXTRACORPOREAL MEMBRANE OXYGENATION CANNULATION
- ☐ 1857 EXTRACORPOREAL MEMBRANE OXYGENATION DECANNULATION

LYMPH/SPLEEN

- ☐ 6601 LYMPH NODE INCISION AND DRAINAGE _____ ☐L ☐R ☐B
- ☐ 6646 LYMPH NODE EXCISION _____ ☐L ☐R ☐B
- ☐ 6645 LYMPH NODE BIOPSY ☐L ☐R ☐B
- ☐ 18186 SPLENECTOMY OPEN
- ☐L ☐R ☐B

DIGESTIVE

- ☐ 1859 ESOPHAGEAL DIALATION WITH FLOURO
- ☐ 18200 TRACHEOESOPHAGEAL FISTULA (TEF) REPAIR
- ☐ 18138 NISSEN FUNDOPLICATION, OPEN
- ☐ 18139 NISSEN FUNDOPLICATION OPEN W/ G-TUBE INSERTION
- ☐ 1891 PARAESOPHAGEAL HERNIA REPAIR
- ☐ 18163 PYLOROMYOTOMY, OPEN APPROACH
- ☐ 18164 PYLOROPLASTY, OPEN APPROACH
- ☐ 1866 GASTROSTOMY TUBE INSERTION
- ☐ 1865 GASTROSTOMY TUBE CLOSURE
- ☐ 1872 GASTROCUTANEOUS FISTULA CLOSURE
- ☐ 1874 GASTROJEJUNOSTOMY
- ☐ 18111 LADD PROCEDURE, OPEN
- ☐ 18183 SMALL BOWEL RESECTION, OPEN
- ☐ COLECTOMY _____
- ☐ 1899 ILEOSTOMY CLOSURE
- ☐ 18153 PERIRECTAL ABCESS INCISION AND DRAINAGE
- ☐ 18166 RECTAL DILATION
- ☐ 18168 RECTAL EXAM UNDER ANESTHESIA
- ☐ _____ ANORECTOPLASTY POSTERIOR SAGITTAL ☐ MALE ☐ FEMALE
- ☐ 1815 ANORECTOVAGINAL URETHRAPLASTY, POSTERIOR SAGITTAL
- ☐ 18170 RECTAL PROLAPSE REPAIR
- ☐ 18116 LIVER BIOPSY, OPEN
- ☐ 18218 HEPATIC RESECTION _____ ☐L ☐R ☐B
- ☐ 1833 CHOLECYSTECTOMY OPEN ☐ CHOLANGIOGRAM
- ☐ 18157 PORTOENTEROSTOMY (KASAI PROCEDURE)
- ☐ 1834 CHOLEDOCHAL CYST EXCISION
- ☐ 18113 LAPAROTOMY, EXPLORATORY _____
- ☐ 3205 MITROFANOFF CONTINENT VESICOSTOMY
- ☐ 3248 MITROFANOFF PROCEDURE REVISION
- ☐ HERNIA REPAIR : ☐ UMBILICAL ☐ EPIGASTRIC ☐ INCISIONAL ☐ VENTRAL

URINARY TRACT/GENITAL SYSTEM

- ☐ _____ NEPHRECTOMY ☐ PARTIAL ☐L ☐R
- ☐ 18209 URACHAL CYST EXCISION
- ☐ 3208 CIRCUMCISION
- ☐ _____ HERNIA, INGUINAL REPAIR ☐L ☐R ☐B
- ☐ _____ HYDROCELECTOMY
- ☐ 1916 OOPHORECTOMY OPEN ☐L ☐R ☐B FOR: _____
- ☐ 3255 ORCHIDOPEXY WITH INGUINAL HERNIA REPAIR ☐L ☐R ☐B
- ☐ 1918 OVARIAN CYSTECTOMY OPEN ☐L ☐R ☐B
- ☐ 18154 PERITONEAL DIALYSIS CATHETER INSERTION
- ☐ 18155 PERITONEAL DIALYSIS CATHETER REMOVAL
- ☐ 1920 VAGINAL EXAM UNDER ANESTHESIA
- ☐L ☐R ☐B