

Elite Plastic Surgery

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Surgery Prescription Protocol

Call patients the day before their surgery is scheduled and collect their **pharmacy information** and any **drug-related allergies** they may have and update the AMD Chart as necessary in the corresponding area for “Allergy” and “Pharmacy”

- Pharmacy: in the upper left corner of the patient’s chart in AMD, click on the pharmacy to change it or add one. If the patient has a pharmacy on file, ask the patient if this is still their preferred pharmacy.
 - When adding a pharmacy, start with the pharmacy name. **Note** that the city will be auto-populated based on the patient’s home address listed in AMD (you may need to clear the city if the patient’s preferred pharmacy is in a different city than their home address). **Note** that you can also check the patient’s New Patient Paperwork to find the preferred pharmacy that they listed.
- Allergies: Under the “Allergies” section in AMD, you can add a patient’s allergies by clicking on the + symbol. Be sure to either checkmark the “reviewed” box or the “NKDA” box to indicate that either the patient’s allergies have been reviewed (applicable only if they do have allergies), or that the patient has no known drug allergies.

Medication List for Surgery

*** - EPCS key required

- Ondansetron (Zofran) 4 mg; po 6-8 hrs **PRN** x15 tabs
- Acetaminophen (Tylenol) 500 mg; 2 tablets po q6-8 hours **SCHEDULED** x60 tabs (10 days)
 - AMD doesn’t have an option to send 1000mg tablets, so 500mg is sent, doubled.

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- Gabapentin (Neurontin) 100 mg; po TID **SCHEDULED** x48 tabs (16 days)

- Cyclobenzaprine (Flexeril) 5 mg; po q 8 hrs **PRN** x10 tabs
- Ketorolac (Toradol) 10 mg; po q 6 hrs **SCHEDULED** x15 tabs
- Antibiotic: Cephalexin (Keflex) 500mg; TID **SCHEDULED** 7 days (x21 tabs)
 - If pt has penicillin allergy:
 - Reaction
 - Anaphylaxis: Discuss with the Dr for another alternative
 - Clindamycin is sometimes an alternative but Clindamycin is bacteriostatic vs Cephalosporins are bactericidal (especially in cases where foreign objects such as implants or tissue expanders are being placed the Drs want something bactericidal)
 - Non Anaphylaxis:
 - Keflex (Cephalexin PO) (Home medication post-operative) or Ancef (Cefazolin IV) (Preoperative antibiotic for hospital use only)
 - If the patient has Sulfa Allergy:
 - Don't order Bactrim
- Colace 100 mg; po BID **SCHEDULED** x14 tabs (7 days)
- Senna 8.6 mg; po BID **SCHEDULED** x14 tabs (7 days)
- ***Oxycodone 5 mg; po q 4-6 hrs **PRN** 30 tabs (7 days)
 - or Oxycodone 10 mg; po q 4-6 hours **PRN** 15 tabs
- ++Lovenox (enoxaparin) 40 mg/ 0.4 mL; subcutaneous injection QD **SCHEDULED** 7 days (quantity 7).
 - Indicate in directions "inject one syringe once daily for 7 days" (this eliminates confusion from the pharmacy"
 - ++ Lovenox is ordered for DIEP/PAP flap surgeries, Abdominoplasties, surgeries longer than 5 hours, or if indicated by Dr or Krista based on the patient's Caprini Score.

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- Caprini Score determines if a patient is at high risk for DVT/PE.
Exception: patients that are undergoing DIEP/PAP flaps or

Abdominoplasty/Tummy Tuck then order Lovenox no need to perform a Caprini score

Medication List for In-Office Procedures

*** - EPCS key required

- Medications for the procedure itself:
 - ***Valium (Diazepam) 5 mg; 2 tabs - take 1 dose 30 mins before procedure, take 2nd dose at the start of the procedure
 - ***Percocet 5-325 mg; 2 tabs - take 1 dose 30 mins before procedure, take 2nd dose at the start of the procedure
- Post-operative Medications:
 - Ondansetron (Zofran) 4 mg; po 6-8 hrs PRN x15 tabs
 - Acetaminophen (Tylenol) 500 mg; 2 tablets po q6-8 hours SCHEDULED x 60 tabs (10 days)
 - Gabapentin (Neurontin) 100 mg; po TID SCHEDULED x48 tabs (16 days)
 - Cyclobenzaprine (Flexeril) 5 mg; po q 8 hrs PRN x10 tabs
 - Antibiotic: Cephalexin (Keflex) 500mg; TID SCHEDULED 7 days (x21 tabs)
 - ***Oxycodone 5 mg; po q 4-6 hrs PRN 30 tabs (7 days)

Common Allergies

- Penicillin allergy
 - Reaction
 - **Anaphylaxis:** Discuss with the Dr for another alternative
 - Clindamycin is sometimes an alternative but Clindamycin is bacteriostatic vs Cephalosporins are bactericidal (especially in cases where foreign objects such as implants or tissue expanders are being placed the Drs want something bactericidal)
 - **Non Anaphylaxis:**

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- Keflex (Cephalexin PO) (Home medication post-operative) or Ancef (Cefazolin IV) (Preoperative antibiotic for hospital use only)

- Sulfa allergy
 - No celebrex
 - No cyclobenzaprine
 - No Bactrim. Cephalexin (Keflex) is okay

Medication Purposes

- Ondansetron (Zofran) - anti-nausea
- Acetaminophen (Tylenol) - pain relief. A non-opioid analgesic. AVOID in patients with liver injury or failure
- Gabapentin (Neurontin) - targets nerve pain, sharp-shooting pain, itching, burning, tingling - common with liposuction
- Cyclobenzaprine (Flexeril) - muscle relaxant, helpful for muscle plication during abdominoplasties or DIEPS
- Ketorolac (Toradol) - anti-inflammatory and pain relief. A nonsteroidal drug. AVOID in patients with Chronic Renal injury/failure, gastric bypass, hx ulcers or pt's who can not take ibuprofen
- Antibiotic: Cephalexin (Keflex) - antibiotic. Prevents and treats bacterial infection, and will void birth control for 30 days. If they plan to take probiotics they should not be taken together. There should be a 2-hour difference.
- Colace - laxative; stool softener
- Senna - stimulant laxative. Stimulates bowel muscles to move
- Oxycodone - pain relief. A potent **opioid (narcotic)**, can be addictive. Will cause constipation
- Lovenox (enoxaparin) - blood-thinner, used to prevent blood clots
- They should not drive on Oxycodone or Flexiril
 - Some may also get drowsy with Gabapentin so they should not plan to drive on Gabapentin until they know their body's reaction

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- If they plan to take Oxy, Flexiril, and Gabapentin they should not take them all at once, there should be at least a 2-hour time lapse.