

Patient's Name \_\_\_\_\_

Surgery Date \_\_\_\_\_

HOSPITAL \_\_\_\_\_

## SURGICAL SITE INFECTION PROPHYLAXIS ADULT PRE-OPERATIVE ORDERS

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**ALLERGIES**
**PLEASE CHECK THE TYPE OF PROCEDURE AND A CORRESPONDING REGIMEN**

TYPE OF PROCEDURE	RECOMMENDED REGIMEN	ALTERNATIVE REGIMEN
<input type="checkbox"/> CARDIOTHORACIC	<input type="checkbox"/> Cefazolin 1 gm IV	<input type="checkbox"/> Vancomycin 1 gm IV and Gentamicin 2 mg/kg IV (weight _____ kg; dose _____ mg)
<b>GASTROINTESTINAL</b>		
<input type="checkbox"/> Gastroduodenal procedures involving entry into the lumen of the GI Tract, Highly Selective Vagotomy, Nissen's Fundoplication, or Whipple's Procedure	<input type="checkbox"/> Cefazolin 1 gm IV	<input type="checkbox"/> Metronidazole 500 mg IV plus Gentamicin 2 mg/kg IV (weight _____ kg; dose _____ mg)
<input type="checkbox"/> Open Procedure for Biliary Tract		
<input type="checkbox"/> Appendectomy for Uncomplicated Appendicitis	<input type="checkbox"/> Cefotetan 1 gm IV	<input type="checkbox"/> Metronidazole 500 mg IV plus Gentamicin 2 mg/kg IV (weight _____ kg; dose _____ mg)
<input type="checkbox"/> Colorectal	<input type="checkbox"/> Cefotetan 2 gm IV	<input type="checkbox"/> Metronidazole 500 mg IV plus Gentamicin 2 mg/kg IV (weight _____ kg; dose _____ mg)
<b>HEAD AND NECK</b>		
<input type="checkbox"/> Clean with Placement of Prosthesis	<input type="checkbox"/> Cefazolin 1 gm IV	<input type="checkbox"/> Clindamycin 600 mg IV
<input type="checkbox"/> Clean-Contaminated	<input type="checkbox"/> Cefazolin 2 gm IV plus Metronidazole 500 mg IV	<input type="checkbox"/> Clindamycin 600 mg IV
<input type="checkbox"/> ELECTIVE CRANIOTOMY OR CSF SHUNTING	<input type="checkbox"/> Cefazolin 1 gm IV	<input type="checkbox"/> Vancomycin 1 gm IV
<b>OB / GYN</b>		
<input type="checkbox"/> Cesarean Delivery **Administer the first dose IMMEDIATELY AFTER CLAMPING of umbilical cord	<input type="checkbox"/> Cefazolin 1 gm IV	<input type="checkbox"/> Clindamycin 600 mg IV plus Gentamicin 2 mg/kg IV (weight _____ kg; dose _____ mg)
<input type="checkbox"/> Hysterectomy		
<input type="checkbox"/> OPHTHALMIC	<input type="checkbox"/> Tobramycin Ophthalmic Solution 0.3% 2 drops before procedure	
<b>ORTHOPEDIC</b>		
<input type="checkbox"/> Hip Fracture Repair, Implantation of Internal Fixation Devices, Total Joint Replacement	<input type="checkbox"/> Cefazolin 1 gm IV	<input type="checkbox"/> Vancomycin 1 gm
<input type="checkbox"/> UROLOGIC (high-risk patients only)	<input type="checkbox"/> Cefazolin 1 gm IV	<input type="checkbox"/> Gentamicin 2 mg/kg IV (weight _____ kg; dose _____ mg)
<input type="checkbox"/> VASCULAR	<input type="checkbox"/> Cefazolin 1 gm IV	<input type="checkbox"/> Vancomycin 1 gm IV and Gentamicin 2 mg/kg IV (weight _____ kg; dose _____ mg)
TYPE OF PROCEDURE	REGIMEN	

THE FIRST DOSE OF ABOVE IV ANTIBIOTICS IS TO BE SETUP PRE-OPERATIVELY, AND IS TO BE INITIATED BY ANESTHESIA WITHIN 30 MINUTES PRIOR TO INCISION UNLESS OTHERWISE SPECIFIED. AN EXCEPTION IS VANCOMYCIN WHICH IS TO BE STARTED PREOPERATIVELY BY A NURSING STAFF 1 HOUR BEFORE THE SCHEDULED PROCEDURE UNLESS OTHERWISE SPECIFIED.

CEFAZOLIN (ANCEF®) MAY BE REPEATED EVERY 4 HRS INTRAOPERATIVELY. PLEASE WRITE THE ORDER FOR INTRAOPERATIVE DOSES.

PROVIDER'S SIGNATURE / PRINTED NAME / PAS # _____	DATE / TIME _____	BEEPER NUMBER _____
	DATE / TIME _____	TIME FAXED _____