



Care Set: Outpatient Antimicrobial Prophylaxis for Surgery Protocol Orders (2008 Recommendations)

[X or R] = will be ordered unless marked out.

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

☐ Medication allergy(s): _____

☐ Latex allergy ☐ Other: _____

[R]	Antimicrobial Surgery Protocol	T;N
Surgery Type: Cardiac or Vascular - Includes pacemaker insertion, pulse generator insertion or removal, revision of pacemaker pocket, vascular access for HD with graft		
[]	Cefazolin	2 g,injection, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within 1 hour prior to incision
AND		
[]	Vancomycin	1 g,IVPB, IVPB, N/A, routine, T;N, 1 dose, Comment: give within 2 hour prior to incision, use due to increased MRSA rates, facility-wide
NOTE: If allergic to beta-lactam, order the following medication:		
[]	Vancomycin	1 g,IVPB, IVPB, N/A, routine, T;N, 1 dose, Comment: give within 2 hour prior to incision, (Documented beta-lactam allergy)
Surgery Type: Orthopedic/Podiatry - Includes arthrodesis, open treatment of fracture (malleolus, calcaneous, metatarsal, tarsal, tibia, fibula, phalanxes), correction hammertoe, bunionectomy		
[]	Cefazolin	2 g,injection, IVPB, N/A, routine, T;N, x 1 dose, Comment:give within 1 hour prior to incision
NOTE: If allergic to beta-lactam, order the following medication:		
[]	Vancomycin	1 g,IVPB, IVPB, N/A, routine, T;N, 1 dose, Comment: give within 2 hour prior to incision, (documented beta-lactam allergy)
NOTE: For arthroplasty order the following 2 medications		
[]	Cefazolin	2 g,injection, IVPB, N/A, routine, T;N, x 1 dose, Comment:give within 1 hour prior to incision
AND		
[]	Vancomycin	1 g,IVPB, IVPB, N/A, routine, T;N, 1 dose, Comment: give within 2 hour prior to incision, use due to increased MRSA rates, facility-wide
NOTE: If allergic to beta-lactam, order the following medication:		
[]	Vancomycin	1 g,IVPB, IVPB, N/A, routine, T;N, 1 dose, Comment: give within 2 hour prior to incision, (documented beta-lactam allergy)
Surgery Type: Genitourinary - transrectal prostate biopsy		
[]	Ciprofloxacin	400 mg, IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within 1 hour prior to incision
NOTE: If allergic to quinolone, order the following 2 medication:		
[]	Clindamycin	600 mg,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within 1 hour prior to incision, (documented quinolone allergy)
AND		
[]	Gentamicin	120 mg, IVPB, IVPB, n/a, routine, T;N, x 1 dose, Comment: give within one hour prior to incision, (documented quinolone allergy)
Surgery Type: Genitourinary - Penile Prosthesis insertion, removal, revision		
[]	Piperacillin/ Tazobactam	3.375 g, IVPB, IVPB, N/A, routine, T;N, x 1 doses, Comment: Give within 1 hour prior to incision
NOTE: If allergic to beta-lactam, order the following 2 medications:		
[]	Vancomycin	1 g,IVPB, IVPB, N/A, routine, T;N, 1 dose, Comment: give within 2 hour prior to incision, (documented beta-lactam allergy)
AND		
[]	Gentamicin	120 mg, IVPB, IVPB, n/a, routine, T;N, x 1 dose, Comment: give within one hour prior to incision, (documented beta-lactam allergy)

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ANTIMICROBIAL PROPHY for
SURG -PILOT-1008



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Surgery Type: Genitourinary - Removal epididymis or epididymis lesion		
[]	Cefazolin	2 g,injection, IVPB, N/A, routine, T;N, x 1 dose, Comment:give within 1 hour prior to incision
	NOTE:	If allergic to beta-lactam, order the following medication.
[]	Clindamycin	600 mg,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within 1 hour prior to incision, (documented beta-lactam allergy)
Surgery Type: GASTRIC/BILIARY - PEG placement, PEG revision includes percutaneous insertion of gastrostomy, duodenostomy, jejunostomy or cecostomy tube under fluoroscopy		
[]	Cefazolin	2 g,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment:give within 1 hour prior to incision
	NOTE:	If allergic to beta-lactam, order the following 2 medications:
[]	Clindamycin	600 mg,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within 1 hour prior to incision, (documented beta-lactam allergy)
	AND	
[]	Gentamicin	120 mg, IVPB, IVPB, n/a, routine, T;N, x 1 dose, Comment: give within one hour prior to incision, (documented beta-lactam allergy)
Surgery Type: GASTRIC/BILIARY - Laparoscopic appendectomy		
[]	Cefazolin	2 g,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment:give within 1 hour prior to incision
	AND	
[]	Metronidazole	500 mg,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within 1 hour prior to incision
	NOTE:	If allergic to beta-lactam, order the following 2 medications:
[]	Clindamycin	600 mg,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within 1 hour prior to incision, (documented beta-lactam allergy)
	AND	
[]	Gentamicin	120 mg, IVPB, IVPB, n/a, routine, T;N, x 1 dose, Comment: give within one hour prior to incision, (documented beta-lactam allergy)
Surgery Type: GASTRIC/BILIARY - Laparoscopic cholecystectomy (only if age greater than or equal to 70 years)		
[]	Cefazolin	2 g,IVPB, IVPB, N/A, routine, T;N, x 1 dose, COMMENT:give within 1 hour prior to incision
	NOTE:	If allergic to beta-lactam, order the following 2 medications:
[]	Clindamycin	600 mg,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within 1 hour prior to incision, (documented beta lactam allergy)
	AND	
[]	Gentamicin	120 mg, IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within one hour prior to incision, (documented beta-lactam allergy)
Surgery Type: GYNECOLOGICAL - Laparoscopically-assisted hysterectomy or vaginal hysterectomy		
[]	Cefazolin	2 g,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment:give within 1 hour prior to incision
	NOTE:	If allergic to beta-lactam, order the following medication:
[]	Clindamycin	600 mg,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within 1 hour prior to incision, (documented beta-lactam allergy)

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Surgery Type: GYNECOLOGICAL- Synthetic pubovaginal sling included paravaginal defect repair (including repair of cystocele), laparoscopic approach.		
<input type="checkbox"/>	Cefazolin	2 g,IVPB, IVPB, N/A, routine, T;N, x 1 dose, COMMENT:give within 1 hour prior to incision
	NOTE:	If allergic to beta-lactam, order the following 2 medications:
<input type="checkbox"/>	Clindamycin	600 mg,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within 1 hour prior to incision, (documented beta-lactam allergy)
	AND	
<input type="checkbox"/>	Gentamicin	120 mg IVPB, IVPB, n/a, routine, T;N, x 1 dose, Comment: give within one hour of incision, (documented beta-lactam allergy)
Surgery Type: HEAD AND NECK - Includes initial treatment of jaw fracture		
<input type="checkbox"/>	Cefazolin	2 g,IVPB, IVPB, N/A, routine, T;N, x 1 dose, COMMENT:give within 1 hour prior to incision
	NOTE:	If allergic to beta-lactam, order the following 2 medications:
<input type="checkbox"/>	Clindamycin	600 mg,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within 1 hour prior to incision, (documented beta-lactam allergy)
	AND	
<input type="checkbox"/>	Gentamicin	120 mg, IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment: give within one hour of incision, (documented beta-lactam allergy)
Surgery Type: NEUROLOGICAL - implant/revision of spine infusion pump, laminectomy/laminotomy/facetectomy		
<input type="checkbox"/>	Cefazolin	2 g,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment:give within 1 hour prior to incision
	NOTE:	For implantables order the following 2 medications
<input type="checkbox"/>	Cefazolin	2 g,IVPB, IVPB, N/A, routine, T;N, x 1 dose, Comment:give within 1 hour prior to incision
	AND	
<input type="checkbox"/>	Vancomycin	1 g,IVPB, IVPB, N/A, routine, T;N, 1 dose, Comment: give within 2 hour prior to incision, use due to increased MRSA rates, facility-wide
	NOTE:	If allergic to beta-lactam, order the following medication:
<input type="checkbox"/>	Vancomycin	1 g,IVPB, IVPB, N/A, routine, T;N, 1 dose, Comment: give within 2 hour prior to incision, (Documented beta-lactam allergy)

Date

Time

Physician's Signature

MD Number