



**Physician Orders ADULT**  
**Order Set: Antimicrobial Prophylaxis for Surgery**  
**Protocol Orders**

[R] = will be ordered

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b> <input type="checkbox"/> No known allergies	
<input type="checkbox"/> Medication allergy(s): _____	
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____	
<input type="checkbox"/>	Antimicrobial Prophylaxis Surgery T;N Protoc (Initiate Antimicrobial Prophylaxis Surgery Protocol Orders)
<b>Surgery Type: Abdominal Hysterectomy or Vaginal Hysterectomy</b>	
<input type="checkbox"/>	ceFAZolin 2 g, IV Piggyback, IV Piggyback, N/A, Routine, Give within 1 hour prior to incision.
<b>NOTE: if allergic to beta-Lactam, order the following 2 medications:</b>	
<input type="checkbox"/>	aztreonam 2 g, IV Piggyback, IV Piggyback, N/A, Give within 1 hour prior to incision.
<input type="checkbox"/>	clindamycin 600 mg, IV Piggyback, IV Piggyback, N/A, Routine, Give within 1 hour prior to incision.
<b>Surgery Type: Total Joint Replacement</b>	
<input type="checkbox"/>	vancomycin 1 g, IV Piggyback, IV Piggyback, N/A, Give within 2 hours prior to incision
<input type="checkbox"/>	ceFAZolin 2 g, IV Piggyback, IV Piggyback, N/A, Give within 1 hour prior to incision.
<b>NOTE: if allergic to beta-Lactam, order the following medication:</b>	
<input type="checkbox"/>	vancomycin 1 g, IV Piggyback, IV Piggyback, N/A, Give within 2 hours prior to incision.
<b>Surgery Type: Open Heart Surgery</b>	
<input type="checkbox"/>	vancomycin 1 g, IV Piggyback, IV Piggyback, N/A, Give within 2 hours prior to incision.
<input type="checkbox"/>	cefuroxime 1.5 g, IV Piggyback, IV Piggyback, N/A, Routine, give within 1 hour prior to incision
<b>NOTE: if allergic to beta-Lactam, order the following medication:</b>	
<input type="checkbox"/>	vancomycin 1 g, IV Piggyback, IV Piggyback, N/A, Give dose within 2 hours prior to incision.
<b>Surgery Type: Vascular Surgery</b>	
<input type="checkbox"/>	vancomycin 1 g, IV Piggyback, IV Piggyback, N/A, Give within 2 hours prior to incision.
<input type="checkbox"/>	cefuroxime 1.5 g, IV Piggyback, IV Piggyback, N/A, Routine, give within 1 hour prior to incision
<b>NOTE: if allergic to beta-Lactam, order the following medication:</b>	
<input type="checkbox"/>	vancomycin 1 g, IV Piggyback, IV Piggyback, N/A, Give within 2 hours prior to incision.
<b>Surgery Type: Colorectal Surgery (elective)</b>	
<input type="checkbox"/>	ceFAZolin 2 g, IV Piggyback, IV Piggyback, N/A, Give within 1 hour prior to incision.
<input type="checkbox"/>	metroNIDAZOLE 500 mg, IV Piggyback, IV Piggyback, N/A, Routine, give within 1 hour prior to incision
<b>NOTE: if allergic to beta-Lactam, order the following 2 medications:</b>	
<input type="checkbox"/>	aztreonam 2 g, IV Piggyback, IV Piggyback, N/A, Give within 1 hour prior to incision.
<input type="checkbox"/>	clindamycin 600 mg, IV Piggyback, IV Piggyback, N/A, Routine, Give within 1 hour prior to incision.

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**Date**                      **Time**                      **Physician's Signature**                      **MD Number**

