



18697 Bagley Road
Middleburg Heights, Ohio 44130

Physicians Order

Adult Pre-Operative Antibiotic for Surgical Prophylaxis

FAX to Pharmacy Initials: _____ Date: _____

Date	Time	Drug Allergies
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Height	Weight
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Review patient allergies prior to prescribing/administering medications.

Select appropriate antibiotic as determined by procedure and initiate within 30-60 minutes of incision

Procedure:	Drug of Choice:	* If Penicillin Allergy:
Abdominal	<input type="checkbox"/> Cefotetan 1 gm IV AND <input type="checkbox"/> Metronidazole 500 mg IV	<input type="checkbox"/> Gentamicin 80 mg IV AND <input type="checkbox"/> Clindamycin 600 mg IV
Cardiac/Thoracic	<input type="checkbox"/> Cefazolin 1 gm IV (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 gm IV (if wt greater than or equal to 80 kg)	<input type="checkbox"/> Vancomycin 1 gm IV
Gynecologic: <i>Abdominal hysterectomy</i>	<input type="checkbox"/> Cefazolin 1 gm IV (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 gm IV (if wt greater than or equal to 80 kg)	<input type="checkbox"/> Gentamicin 80 mg IV AND <input type="checkbox"/> Clindamycin 600 mg IV
<i>Vaginal hysterectomy</i>	<input type="checkbox"/> Cefazolin 1 gm IV (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 gm IV (if wt greater than or equal to 80 kg)	<input type="checkbox"/> Clindamycin 600 mg IV
Genitourinary	<input type="checkbox"/> Cefazolin 1 gm IV (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 gm IV (if wt greater than or equal to 80 kg)	<input type="checkbox"/> Ciprofloxacin 400 mg IV
Head / Neck / Neuro	<input type="checkbox"/> Cefazolin 1 gm IV (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 gm IV (if wt greater than or equal to 80 kg)	<input type="checkbox"/> Vancomycin 1 gm IV
Orthopedic	<input type="checkbox"/> Cefazolin 1 gm IV (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 gm IV (if wt greater than or equal to 80 kg)	<input type="checkbox"/> Vancomycin 1 gm IV
Podiatry	<input type="checkbox"/> Cefazolin 1 gm IV (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 gm IV (if wt greater than or equal to 80 kg)	<input type="checkbox"/> Vancomycin 1 gm IV
Vascular	<input type="checkbox"/> Cefazolin 1 gm IV (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 gm IV (if wt greater than or equal to 80 kg)	<input type="checkbox"/> Vancomycin 1 gm IV
General Surgery (Any surgery not listed above that includes insertion of prosthetic material i.e. saline implants, mesh or tissue expander. Also includes mastectomy or PEG insertion).	<input type="checkbox"/> Cefazolin 1 gm IV (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 gm IV (if wt greater than or equal to 80 kg)	<input type="checkbox"/> Vancomycin 1 gm IV

Repeat dosing: For procedures lasting greater than 4 hours, or greater than 1000 mL blood loss, repeat pre-op dose of Cefazolin **OR** Cefotetan **OR** Clindamycin q 4 hours intra-operatively.

NOTE: Antibiotic should be discontinued within 24 hours post-op.

*Refer to Penicillin Allergy Algorithm on reverse. If MVP, follow procedure specific antibiotic order as above.

Physician Signature: _____ ID#: _____ Date: _____



MEC 0704
REV 0305