

Patient Name: _____

Allergies: _____

MEDICATIONS: (Check box to activate) **PREOP ANTIBIOTICS MUST BE ADMINISTERED WITHIN 60 MINUTES PRIOR TO INCISION**

Procedure	1 st Choice	beta - Lactam Allergy
Cardiac (Pacemakers or AICDs) or Vascular Orthopedic/ Podiatry	<input type="checkbox"/> ceFAZolin [®] (ANCEF) 1 g IV X 1	<input type="checkbox"/> clindamycin [®] 600 mg IV X 1
Laparoscopically-assisted Hysterectomy, Vaginal Hysterectomy	<input type="checkbox"/> ceFAZolin [®] (ANCEF) 1 g IV X 1 <input type="checkbox"/> ampicillin/ sulbactam [®] (UNASYN) 1.5 g IV X 1 <input type="checkbox"/> cefoxitin [®] (MEFOXIN) 1 g IV X 1	<input type="checkbox"/> gentamicin 3 mg/ kg IV X 1 AND metroNIDAZOLE (FLAGYL) 500 mg IV X 1 <input type="checkbox"/> gentamicin 3 mg/ kg IV X 1 AND clindamycin [®] 600 mg IV X 1 <input type="checkbox"/> aztreonam [®] 1 g IV X 1 AND clindamycin [®] 600 mg IV X 1
Pubovaginal Sling	<input type="checkbox"/> ceFAZolin [®] (ANCEF) 1 g IV X 1 <input type="checkbox"/> ampicillin/ sulbactam [®] (UNASYN) 1.5 g IV X 1	<input type="checkbox"/> gentamicin 3 mg/ kg IV X 1 AND metroNIDAZOLE (FLAGYL) 500 mg IV X 1 <input type="checkbox"/> gentamicin 3 mg/ kg IV X 1 AND clindamycin [®] 600 mg IV X 1 <input type="checkbox"/> aztreonam [®] 1 g IV X 1 AND clindamycin [®] 600 mg IV X 1 <input type="checkbox"/> aztreonam [®] 1 g IV X 1 AND metroNIDAZOLE (FLAGYL) 500 mg IV X 1
Head and Neck	<input type="checkbox"/> ceFAZolin [®] (ANCEF) 1 g IV X 1 <input type="checkbox"/> gentamicin 3 mg/ kg IV X 1 AND clindamycin [®] 600 mg IV X 1	
Neurological	<input type="checkbox"/> ceFAZolin [®] (ANCEF) 1 g IV X 1 <input type="checkbox"/> clindamycin [®] 600 mg IV X 1 <input type="checkbox"/> nafcillin [®] 1 g IV X 1	
Transrectal Prostate Biopsy	<input type="checkbox"/> ceTRIAXone [®] (ROCEPHIN) 1 g IV X 1 <input type="checkbox"/> gentamicin 3 mg/ kg IV X 1 AND metroNIDAZOLE (FLAGYL) 500 mg IV X 1 <input type="checkbox"/> gentamicin 3 mg/ kg IV X 1 AND clindamycin [®] 600 mg IV X 1 <input type="checkbox"/> aztreonam [®] 1 g IV X 1 AND metroNIDAZOLE (FLAGYL) 500 mg IV X 1	
Penile Prosthesis Insertion, Removal, Revision	<input type="checkbox"/> ampicillin/ sulbactam [®] (UNASYN) 1.5 g IV X 1 <input type="checkbox"/> ceFAZolin [®] (ANCEF) 1 g IV X 1 AND gentamicin 3 mg/ kg IV X 1 <input type="checkbox"/> gentamicin 3 mg/ kg IV X 1 AND clindamycin [®] 600 mg IV X 1 <input type="checkbox"/> aztreonam [®] 1 g IV X 1 AND ceFAZolin [®] (ANCEF) 1 g IV X 1 <input type="checkbox"/> aztreonam [®] 1 g IV X 1 AND clindamycin [®] 600 mg IV X 1	

FOR PATIENTS WEIGHING 80 KG OR GREATER:

ceFAZolin, cefoxitin, ceTRIAXone, nafcillin, and aztreonam doses are increased to 2 g
clindamycin dose is increased to 900 mg
ampicillin/ sulbactam dose is increased to 3 g

Physician Signature

Date

Time

P H Y S I C I A N O R D E R



PREOP ANTIBIOTIC ORDERS

P0271A Rev (1010) White – Chart/ Scan to Pharmacy