

PALMS WEST HOSPITAL DAY OF SURGERY ORDERS

Register Patient as: <input type="checkbox"/> Observation <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient Date of Procedure: _____	
Surgical Procedure : _____ Surgeon: _____	
Allergies/Reaction: <input type="checkbox"/> NKDA <input type="checkbox"/> List _____ Patient Date of Birth: _____ Patient Weight: _____ kg Patient Height: _____	
Preoperative Orders: 1. Initiate anesthesia protocol – Labs per Anesthesia 2. <input type="checkbox"/> Type & Screen <input type="checkbox"/> Type & Cross x _____ Units 3. Beta-blocker prophylaxis (<i>for surgery if patient currently taking a beta-blocker</i>): _____ 4. VTE Prophylaxis: SCDs <input type="checkbox"/> Contraindicated (Bilateral Amputee, lower leg trauma, lower leg wounds, patient refusal) 5. Surgical Site Preparation (<i>Preparation of pelvic, splinted or extremity cases to be prepped in OR, otherwise preparation to be completed in ASU</i>) • Clip hair around incision site • 2% Chlorhexidine gluconate cloth over incision area for procedures scheduled with implants 6. Diagnostic Studies: <input type="checkbox"/> CXR <input type="checkbox"/> KUB <input type="checkbox"/> EKG <input type="checkbox"/> Other: _____	
General Preop Antibiotics: (i.e. Cardiac or Vascular Podiatry, Thoracic, Hernia Repair, Plastic surgery)	<input type="checkbox"/> Cefazolin 2 grams IV once (if \geq 120kg, give 3 grams total) <u>If beta-lactam allergy or has a history or risk for MRSA:</u> <input type="checkbox"/> Vancomycin If < 100 kg, give Vancomycin 1 gram IV once If \geq 100 kg, give Vancomycin 1.5 grams IV once <input type="checkbox"/> Clindamycin 900 mg IV once
Intra-Abdominal Surgery: (i.e. Colon, Appendectomy, Gastric, PEG Placement, Cholecystectomy)	<input type="checkbox"/> Cefazolin 2 grams IV (If \geq 120 kg, give 3 grams) PLUS Metronidazole 500 mg IV once <input type="checkbox"/> Cefoxitin 2 grams IV once <input type="checkbox"/> <u>If B-lactam allergy:</u> Metronidazole 500 mg IV once PLUS Gentamicin 100 mg IV once
Gynecological Surgery:	<input type="checkbox"/> Cefazolin 2 grams IV once (if \geq 120 kg, give 3 grams total) <input type="checkbox"/> Cefoxitin 2 grams IV once <input type="checkbox"/> <u>If B-lactam allergy:</u> Clindamycin 900 mg IV once PLUS Gentamicin 100 mg IV once
Urological Surgery:	<input type="checkbox"/> Cefazolin 2 grams IV once (if \geq 120 kg, give 3 grams total) <input type="checkbox"/> Penile Prosthesis: Cefazolin 2 grams IV once PLUS Gentamicin 100 mg IV once <u>If B-lactam allergy:</u> <input type="checkbox"/> Levofloxacin 500 mg IV once <input type="checkbox"/> Clindamycin 900 mg IV once PLUS Gentamicin 100 mg IV once
Adjuvant Medication Orders:	<input type="checkbox"/> Acetaminophen 1000 mg PO once preop <input type="checkbox"/> Dexamethasone 8 mg IV once preop <input type="checkbox"/> Gabapentin (Neurontin) 600 mg PO once preop <input type="checkbox"/> Celecoxib 200 mg PO once preop <input type="checkbox"/> Celecoxib 400 mg PO once preop <input type="checkbox"/> Scopolamine patch apply behind ear at least 1 hour prior to surgery Other Orders: _____ _____

Preoperative antibiotic administration should begin within 60 minutes prior to incision. Exception: Vancomycin within 120 min prior.

Physician Signature: _____ **Date:** _____ **Time:** _____

Physician Name (Printed) _____