NOTE: NURSE MUST INITIAL EACH INDIVIDUAL ORDER

Circle each procedure and fill in blanks and boxes to initiate order(s).

- First dose of antibiotic to be given within 60 minutes prior to incision or within 120 minutes for vancomycin and fluoroquinolones.
- Orthopedic surgery requires antibiotic infusion to be completed before inflation of the proximal tourniquet.
- **Prophylactic antibiotics continued for more than 24 hours after anesthesia end time must have an *infection justification* in the medical record.**
- If active infection is present prior to surgery, please use standard order for documented infections or empiric antibiotics.
- This form **MUST** be filled twice. Once before surgery for the pre-operative regimen, and then again post surgery for the post-operative regimen

Date/Time		Procedure		Allergies/Reactions
RN	**Surgery Type**	**Pre-Operative: Antimicrobial and Dose**	**Post-Operative: Antimicrobial and Dose**	
	Heart:	❒ Less than 80 kg: Vancomycin 1 g IV x 1 dose **AND** Ceftriaxone 1 g x 1 dose ❒ Greater than 80 kg: Vancomycin 1.5 g IV x 1 dose **AND** Ceftriaxone 1 g IV x 1 dose **Severe penicillin allergy** ❒ Less than 80 kg : Vancomycin 1 g IV x 1 dose ❒ Greater than 80 kg: Vancomycin 1.5 g IV x 1 dose	❒ Vancomycin 1 g IV q12h x 4 doses **AND** Ceftriaxone 1 g IV q24h x 2 doses **Severe penicillin allergy** ❒ Vancomycin 1 g IV q12h x 4 doses	▪ Antibiotic 1: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Antibiotic 2: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Anesthesia end time: _____
	Lung:	❒ Less than 80 kg: Vancomycin 1 g IV x 1 dose **AND** Cefepime 2 g x 1 dose ❒ Greater than 80 kg: Vancomycin 1.5 g IV x 1 dose **AND** Cefepime 2 g IV x 1 dose **Severe penicillin allergy** ❒ Less than 80 kg : Vancomycin 1 g IV x 1 dose **AND** Levofloxacin 500 mg IV x 1 dose ❒ Greater than 80 kg: Vancomycin 1.5 g IV x 1 dose **AND** Levofloxacin 500 mg IV x 1 dose	❒ Vancomycin 1 g IV q12h x 4 doses **AND** Cefepime 2 g IV q12h x 4 doses **Severe penicillin allergy** ❒ Vancomycin 1 g IV q12h x 4 doses **AND** Levofloxacin 500 mg IV q24h x 2 doses	▪ Antibiotic 1: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Antibiotic 2: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Anesthesia end time: _____
	Ventricular Assist Devices (VADS):	❒ Less than 80 kg: Vancomycin 1 g IV x 1 dose **AND** Rifampin 600 mg PO x 1 dose **AND** Fluconazole 400 mg IV x 1 dose **AND** Cefepime 2 g IV x 1 dose ❒ Greater than 80 kg: Vancomycin 1.5 g IV x 1 dose **AND** Rifampin 600 mg PO x 1 dose **AND** Fluconazole 400 mg IV x 1 dose **AND** Cefepime 2 g IV x 1 dose **Severe penicillin allergy** ❒ Less than 80 kg: Vancomycin 1 g IV x 1 dose **AND** Rifampin 600 mg PO x 1 dose **AND** Fluconazole 400 mg IV x 1 dose **AND** Levofloxacin 500 mg IV x 1 dose ❒ Greater than 80 kg: Vancomycin 1.5 g IV x 1 dose **AND** Rifampin 600 mg PO x 1 dose **AND** Fluconazole 400 mg IV x 1 dose **AND** Levofloxacin 500 mg IV x 1 dose	❒ Vancomycin 1 g IV x q12h x 6 doses **AND** Rifampin 600 mg PO q24h x 3 doses **AND** Fluconazole 400 mg IV q24h x 3 doses **AND** Cefepime 2 g IV q12h x 6 doses **Severe penicillin allergy** ❒ Vancomycin 1 g IV q12h x 6 doses **AND** Rifampin 600 mg PO q24h x 3 doses **AND** Fluconazole 400 mg IV q24h x 3 doses **AND** Levofloxacin 500 mg IV q24h x 3 doses	▪ Antibiotic 1: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Antibiotic 2: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Antibiotic 3: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Antibiotic 4: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Anesthesia end time: _____
	Kidney:	❒ Cefazolin 1 g IV x 1 dose **Severe penicillin allergy** ❒ Levofloxacin 500 mg IV x 1 dose	▪ No post-operative antibiotics	

Physician's Signature: _____ ***Printed Name:*** _____ ***I.D. Number:*** _____ ***Beeper:*** _____

AFFIX PATIENT LABEL HERE

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Circle each procedure and fill in blanks and boxes to initiate order(s).

- First dose of antibiotic to be given within 60 minutes prior to incision or within 120 minutes for vancomycin and fluoroquinolones.
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- This form **MUST** be filled twice. Once before surgery for the pre-operative regimen, and then again post surgery for the post-operative regimen

Date/Time		Procedure		Allergies/Reactions
RN	**Surgery Type**	**Pre-Operative: Antimicrobial and Dose**	**Post-Operative: Antimicrobial and Dose**	
	Kidney and Pancreas:	❒ Ampicillin/sulbactam 3 g IV x 1 dose **AND** Fluconazole 400 mg IV x 1 dose **Severe penicillin allergy** ❒ Vancomycin 1 g IV x 1 dose **AND** Levofloxacin 500 mg IV x 1 dose **AND** Fluconazole 400 mg IV x 1 dose	❒ Ampicillin/sulbactam 1.5 g IV q8h x 3 doses **Severe penicillin allergy** ❒ Vancomycin 1 g IV q24h x 1 doses **AND** Levofloxacin 250 mg IV q24h x 1 dose	▪ Antibiotic 1: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Antibiotic 2: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Anesthesia end time: _____
	Liver:	❒ Ampicillin/sulbactam 3 g IV x 1 dose **AND** Fluconazole 400 mg IV x 1 dose **Severe penicillin allergy** ❒ Less than 80 kg: Vancomycin 1 g IV x 1 dose **AND** Levofloxacin 500 mg IV x 1 dose **AND** Fluconazole 400 mg IV x 1 dose ❒ Greater than 80 kg: Vancomycin 1.5 g IV x 1 dose **AND** Levofloxacin 500 mg IV x 1 dose **AND** Fluconazole 400 mg IV x 1 dose	▪ No post-operative antibiotics	
	Multivisceral and Intestinal:	❒ Less than 80 kg: Vancomycin 1 g IV x 1 dose **AND** Cefepime 2 g IV x 1 dose **AND** Metronidazole 500 mg IV x 1 dose **AND** Fluconazole 400 mg IV x 1 dose ❒ Greater than 80 kg: Vancomycin 1.5 g IV x 1 dose **AND** Cefepime 2 g IV x 1 dose **AND** Metronidazole 500 mg IV x 1 dose **AND** Fluconazole 400 mg IV x 1 dose **Severe penicillin allergy** ❒ Less than 80 kg: Vancomycin 1 g IV x 1 dose **AND** Levofloxacin 500 mg IV x 1 dose **AND** Metronidazole 500 mg IV x 1 dose **AND** Fluconazole 400 mg IV x 1 dose ❒ Greater than 80 kg: Vancomycin 1.5 g IV x 1 dose **AND** Levofloxacin 500 mg IV x 1 dose **AND** Metronidazole 500 mg IV x 1 dose **AND** Fluconazole 400 mg IV x 1 dose	❒ Vancomycin 1 g IV q12h x 6 doses **AND** Cefepime 2 g IV q12h x 6 doses **AND** Metronidazole 500 mg IV q8h x 9 doses **AND** Fluconazole 400 mg IV q24h x 7 doses **Severe penicillin allergy** ❒ Vancomycin 1 g IV q12h x 6 doses **AND** Levofloxacin 500 mg IV q24h x 3 doses **AND** Metronidazole 500 mg IV q8h x 9 doses **AND** Fluconazole 400 mg IV x 7 doses	▪ Antibiotic 1: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Antibiotic 2: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Antibiotic 3: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Antibiotic 4: _____ ▪ Last OR dose: _____ ▪ Next dose at: _____ ▪ Anesthesia end time: _____
	Other: Must document below reason for alternate regimen	❒ Antibiotic: _____ Dose: _____ Route: _____ x 1 dose ❒ Antibiotic: _____ Dose: _____ Route: _____ x 1 dose Service: _____	❒ Antibiotic: _____ Dose: _____ Route: _____ Frequency: _____ # of Doses: _____ ❒ Antibiotic: _____ Dose: _____ Route: _____ Frequency: _____ # of Doses: _____ Service: _____	

Reason for alternate regimen selection (please document)

❒ Allergy (other than penicillin): _____
❒ Transferred from another inpatient hospitalization after a 3-day stay
❒ Known prior colonization with MRSA
❒ Long term care resident within past year
❒ Chronic wound care or dialysis
❒ Active infection prior to surgery and currently on antibiotics
❒ Other_____

Physician's Signature: _____ ***Printed Name:*** _____ ***I.D. Number:*** _____ ***Beeper:*** _____

AFFIX PATIENT LABEL HERE