

## Antimicrobial Surgical Prophylaxis Order Form

(All orders to be deleted are to be crossed out with a single line and initialed and dated by prescriber)

DO NOT USE: U, u, IU, MS, MSO<sub>4</sub>, 1.0 (trailing zero), .5, QD, QOD, MgSO<sub>4</sub>  
 INSTEAD USE: Unit, Morphine, 1, 0.5 (leading zero), Daily, Every other day, Magnesium

• Indication (select one):

- Surgical Prophylaxis
- Patient with documented infection: \_\_\_\_\_ (use of this form is not required)
- Patient with surgical procedure that requires antibiotics to be given > 24H  
 Surgery type: \_\_\_\_\_ Indication: \_\_\_\_\_

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

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

DATE	TRANSCRIBED BY @ TIME	Surgery Type	Pre-operative: Antimicrobial and Dose	Post-operative: Antimicrobial and Dose
		<input type="checkbox"/> <b>Abdominal</b> Uncomplicated appendicitis	<input type="checkbox"/> <i>Less than 120 kg:</i> Cefoxitin 2 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefoxitin 3 g IV x 1 dose  <u>Severe penicillin allergy</u> <input type="checkbox"/> Levofloxacin 500 mg IV x 1 dose AND Metronidazole 500 mg IV x 1 dose	<ul style="list-style-type: none"> <li>▪ No post-operative antibiotics</li> </ul>
		<input type="checkbox"/> <b>Biliary</b> (including complicated cholecystectomy)	<u>Laparoscopic, high-risk or open procedure</u> <input type="checkbox"/> <i>Less than 120 kg:</i> Cefoxitin 2 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefoxitin 3 g IV x 1 dose  <u>Severe penicillin allergy</u> <input type="checkbox"/> Levofloxacin 500 mg IV x 1 dose AND Metronidazole 500 mg IV x 1 dose	<ul style="list-style-type: none"> <li>▪ No post-operative antibiotics</li> </ul>
		<input type="checkbox"/> <b>General</b> (including hernia, uncomplicated cholecystectomy) <input type="checkbox"/> <b>Gastroduodenal</b> Involving entry into lumen of GI tract, highly selected vagotomy, Nissen's fundoplication, pancreaticoduodenectomy, PEG placement	<input type="checkbox"/> <i>Less than 120 kg:</i> Cefazolin 2 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefazolin 3 g IV x 1 dose  <u>Severe penicillin allergy</u> <input type="checkbox"/> Levofloxacin 500 mg IV x 1 dose	<ul style="list-style-type: none"> <li>▪ No post-operative antibiotics</li> </ul>
		<input type="checkbox"/> <b>Colorectal</b>	<input type="checkbox"/> <i>Less than 120 kg:</i> Cefoxitin 2 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefoxitin 3 g IV x 1 dose <input type="checkbox"/> Ertapenem 1 g IV x 1 dose  <u>Severe penicillin allergy</u> <input type="checkbox"/> Levofloxacin 500 mg IV x 1 dose AND Metronidazole 500 mg IV x 1 dose	<ul style="list-style-type: none"> <li>▪ No post-operative antibiotics</li> </ul>
		<input type="checkbox"/> <b>Gynecological</b> Hysteroscopy, laparotomy, laparoscopy, endometrial biopsy, endometrial ablation, tubal sterilization	<ul style="list-style-type: none"> <li>▪ No pre-operative antibiotics</li> </ul>	<ul style="list-style-type: none"> <li>▪ No post-operative antibiotics</li> </ul>
		<input type="checkbox"/> <b>Gynecological</b> Hysterectomy	<input type="checkbox"/> <i>Less than 120 kg:</i> Cefoxitin 2 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefoxitin 3 g IV x 1 dose <u>Severe penicillin allergy</u> <input type="checkbox"/> Levofloxacin 500 mg IV x 1 dose AND Metronidazole 500 mg IV x 1 dose	<ul style="list-style-type: none"> <li>▪ No post-operative antibiotics</li> </ul>
		Physician Signature & ID: _____ Date/Time: _____		



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• Indication (select one):

- Surgical Prophylaxis
- Patient with documented infection: \_\_\_\_\_ (use of this form is not required)
- Patient with surgical procedure that requires antibiotics to be given > 24H  
 Surgery type: \_\_\_\_\_ Indication: \_\_\_\_\_

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

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

DATE	TRANSCRIBED BY @ TIME	Surgery Type	Pre-operative: Antimicrobial and Dose	Post-operative: Antimicrobial and Dose
		<input type="checkbox"/> <b>Cardiothoracic</b> Coronary artery bypass graft, open heart surgery, prosthetic valve surgery	<input type="checkbox"/> <i>Less than 120 kg:</i> Cefazolin 2 g IV x 1 dose <b>AND</b> Vancomycin 1 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefazolin 3 g IV x 1 dose <b>AND</b> Vancomycin 1.5 g IV x 1 dose  <u>Severe penicillin allergy</u> <input type="checkbox"/> <i>Less than 120 kg:</i> Vancomycin 1 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Vancomycin 1.5 g IV x 1 dose	<input type="checkbox"/> Cefazolin 1 g IV q8h x 2 doses <b>AND</b> Vancomycin 15mg/kg in 0.9% NaCl IV q12h x 1 dose (Pharmacy to concentrate to 5mg/mL)  <u>Severe penicillin allergy</u> <input type="checkbox"/> Vancomycin 15mg/kg in 0.9% NaCl IV q12h x 1 dose (Pharmacy to concentrate to 5mg/mL)
		<input type="checkbox"/> <b>Cardiothoracic</b> Pacemakers or AICDs <b>**Risk factors for MRSA</b> <input type="checkbox"/> Chronic wound care or dialysis <input type="checkbox"/> Patient transferred from another inpatient hospitalization after > 3 day stay <input type="checkbox"/> Known prior colonization with MRSA <input type="checkbox"/> Previous MRSA infection	<input type="checkbox"/> <i>Less than 120 kg:</i> Cefazolin 2 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefazolin 3 g IV x 1 dose <b>AND (if MRSA**risk):</b> <input type="checkbox"/> <i>Less than 120 kg:</i> Vancomycin 1 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Vancomycin 1.5 g IV x 1 dose  <u>Severe penicillin allergy</u> <input type="checkbox"/> <i>Less than 120 kg:</i> Vancomycin 1 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Vancomycin 1.5 g IV x 1 dose	<input type="checkbox"/> No post-operative antibiotics
		<input type="checkbox"/> <b>Thoracic (non-cardiac)</b>	<input type="checkbox"/> <i>Less than 120 kg:</i> Cefazolin 2 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefazolin 3 g IV x 1 dose  <u>Severe penicillin allergy</u> <input type="checkbox"/> <i>Less than 120 kg:</i> Vancomycin 1 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Vancomycin 1.5 g IV x 1 dose	<input type="checkbox"/> Cefazolin 1 g IV q8h x 2 doses  <u>Severe penicillin allergy</u> <input type="checkbox"/> Vancomycin 15mg/kg in 0.9% NaCl IV q12h x 1 dose (Pharmacy to concentrate to 5mg/mL)
		Physician Signature & ID: _____	Date/Time: _____	



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• Indication (select one):

Surgical Prophylaxis

Patient with documented infection: \_\_\_\_\_ (use of this form is not required)

Patient with surgical procedure that requires antibiotics to be given > 24H

Surgery type: \_\_\_\_\_ Indication: \_\_\_\_\_

This form **MUST** be filled twice. Once before surgery for the pre-operative regimen, and then again post surgery for the post-operative regimen.

First dose of antibiotic to be given within 60 minutes prior to incision or within 120 minutes for vancomycin and fluoroquinolones.

Pharmacy will renally adjust all medications per policy.

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

DATE	TRANSCRIBED BY @ TIME	Surgery Type	Pre-operative: Antimicrobial and Dose	Post-operative: Antimicrobial and Dose
		<input type="checkbox"/> <b>Head and Neck: Clean surgery</b> Thyroid nodule, parathyroidectomy, thyroidectomy, submandibular gland excision, elective cosmetic surgery	<b>Clean Surgery</b> <input type="checkbox"/> No antibiotics <b>Clean surgery with placement of prosthesis</b> <input type="checkbox"/> <i>Less than 120 kg:</i> Cefazolin 2 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefazolin 3 g IV x 1 dose <b>Risk of MRSA or known colonization</b> <input type="checkbox"/> <i>Less than 120 kg:</i> Vancomycin 1 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Vancomycin 1.5 g IV x 1 dose <b>Severe penicillin allergy</b> <input type="checkbox"/> Clindamycin 600mg IV x 1 dose	<input type="checkbox"/> No post-operative antibiotics
		<input type="checkbox"/> <b>Head and Neck: Clean-contaminated</b> Incision through oral or pharyngeal mucosa: tonsillectomy, rhinoplasty, adenoidectomy or cancer surgery	<input type="checkbox"/> Ampicillin-sulbactam 3g IV x 1 dose  <b>Severe penicillin allergy</b> <input type="checkbox"/> Clindamycin 600mg IV x 1 dose	<input type="checkbox"/> Ampicillin-sulbactam 3g IV q6h x 1 dose  <b>Severe penicillin allergy</b> <input type="checkbox"/> Clindamycin 600mg IV q6h x 1 dose  Antibiotic 1 _____ Last OR dose: _____ Next dose at: _____ Antibiotic 2 _____ Last OR dose: _____ Next dose at: _____ Anesthesia end time: _____
		<input type="checkbox"/> <b>Neurosurgery</b> Craniotomy or CSF shunt and spine <input type="checkbox"/> <b>Orthopedics</b> Spinal procedures with and without instrumentation  <b>*High risk factors for SSI</b> <ul style="list-style-type: none"> <li>▪ Obesity</li> <li>▪ Age &gt; 60 years old</li> <li>▪ Diabetes mellitus</li> <li>▪ Malnutrition</li> <li>▪ Open posterior approach</li> <li>▪ Spinal instrumentation</li> </ul> <b>**Risk factors for MRSA</b> <ul style="list-style-type: none"> <li>▪ Chronic wound care or dialysis</li> <li>▪ Patient transferred from another inpatient hospitalization after &gt; 3 day stay</li> <li>▪ Known prior colonization with MRSA</li> <li>▪ Previous MRSA infection</li> </ul>	<b>Low Risk for Surgical Site Infection (SSI)*</b> <input type="checkbox"/> <i>Less than 120 kg:</i> Cefazolin 2 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefazolin 3 g IV x 1 dose  <b>Severe penicillin allergy and/or MRSA**risk:</b> <input type="checkbox"/> <i>Less than 120 kg:</i> Vancomycin 1 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Vancomycin 1.5 g IV x 1 dose  <b>High Risk for Surgical Site Infection (SSI)*</b> <input type="checkbox"/> <i>Less than 120 kg:</i> Ceftriaxone 2 g IV x 1 dose AND Vancomycin 1 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Ceftriaxone 2 g IV x 1 dose AND Vancomycin 1.5 g IV x 1 dose  <b>Severe penicillin allergy</b> <input type="checkbox"/> <i>Less than 120 kg:</i> Vancomycin 1 g IV x 1 dose AND Ciprofloxacin 400mg IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Vancomycin 1.5 g IV x 1 dose AND Ciprofloxacin 400mg x 1 dose	<b>Low risk for Surgical Site Infection (SSI)*</b> <input type="checkbox"/> Cefazolin 1g IV q8h x 2 doses  <b>Severe penicillin allergy and/or MRSA**risk:</b> <input type="checkbox"/> Vancomycin 1g IV q12h x 2 doses  <b>High Risk for Surgical Site Infection (SSI)*</b> <input type="checkbox"/> Ceftriaxone 2 g IV q24 h x 1 dose AND Vancomycin 1 g IV q12 h x 2 doses <b>Severe penicillin allergy</b> <input type="checkbox"/> Vancomycin 1 g IV q12 h x 2 doses AND Ciprofloxacin 400mg IV q12 h x 2 doses  Antibiotic 1 _____ Last OR dose: _____ Next dose at: _____ Antibiotic 2 _____ Last OR dose: _____ Next dose at: _____ Anesthesia end time: _____
Physician Signature & ID: _____			Date/Time: _____	



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• Indication (select one):

- Surgical Prophylaxis
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- Patient with surgical procedure that requires antibiotics to be given > 24H  
 Surgery type: \_\_\_\_\_ Indication: \_\_\_\_\_

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 First dose of antibiotic to be given within 60 minutes prior to incision or within 120 minutes for vancomycin and fluoroquinolones.  
 Pharmacy will renally adjust all medications per policy.

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

DATE	TRANSCRIBED BY @ TIME	Surgery Type	Pre-operative: Antimicrobial and Dose	Post-operative: Antimicrobial and Dose
		<input type="checkbox"/> <b>Orthopedics – Clean procedures</b> Involving hand, knee, or foot Not involving foreign material	No pre-operative antibiotics	No post-operative antibiotics
		<input type="checkbox"/> <b>Orthopedics</b> Hip fracture repair, implantation of internal fixation devices, total joint replacement	<input type="checkbox"/> <i>Less than 120 kg:</i> Cefazolin 2 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefazolin 3 g IV x 1 dose  <b>Severe penicillin allergy and/or MRSA**risk:</b> <input type="checkbox"/> <i>Less than 120 kg:</i> Vancomycin 1 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Vancomycin 1.5 g IV x 1 dose Infusion should be complete prior to tourniquet inflation	<input type="checkbox"/> Cefazolin 1g IV q8h x 2 doses  <b>Severe penicillin allergy and/or MRSA**risk:</b> <input type="checkbox"/> Vancomycin 1g IV q12h x 2 doses  Antibiotic 1 _____ Last OR dose: _____ Next dose at: _____ Antibiotic 2 _____ Last OR dose: _____ Next dose at: _____ Anesthesia end time: _____
		<input type="checkbox"/> <b>Penile Implant</b>	<input type="checkbox"/> <i>Less than 120 kg:</i> Cefazolin 2 g IV x 1 dose AND Gentamicin 3mg/kg x _____ kg = _____ mg IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefazolin 3 g IV x 1 dose AND Gentamicin 3mg/kg x _____ kg = _____ mg IV x 1 dose  <b>Severe penicillin allergy:</b> <input type="checkbox"/> <i>Less than 120 kg:</i> Vancomycin 1 g IV x 1 dose AND Gentamicin 3mg/kg x _____ kg = _____ mg IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Vancomycin 1.5 g IV x 1 dose AND <input type="checkbox"/> Gentamicin 3mg/kg x _____ kg = _____ mg IV x 1 dose	No post-operative antibiotics
		<input type="checkbox"/> <b>Plastics</b> Clean cases  <input type="checkbox"/> <b>Plastics</b> Breast Implantation/ Clean-contaminated	<input type="checkbox"/> <i>Less than 120 kg:</i> Cefazolin 2 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefazolin 3 g IV x 1 dose  <b>Risk of MRSA or known colonization</b> <input type="checkbox"/> Vancomycin 1g IV x 1 dose <b>Severe penicillin allergy</b> <input type="checkbox"/> Clindamycin 600mg IV x 1 dose	No post-operative antibiotics  <input type="checkbox"/> Cefazolin 1g IV q8h x 6 doses <b>Risk of MRSA or known colonization</b> <input type="checkbox"/> Vancomycin 1g IV q12h x 4 doses <b>Severe penicillin allergy</b> <input type="checkbox"/> Clindamycin 600mg IV q8h x 8 doses  Antibiotic 1 _____ Last OR dose: _____ Next dose at: _____ Antibiotic 2 _____ Last OR dose: _____ Next dose at: _____ Anesthesia end time: _____
		Physician Signature & ID: _____ Date/Time: _____		



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• Indication (select one):

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- Patient with surgical procedure that requires antibiotics to be given > 24H  
 Surgery type: \_\_\_\_\_ Indication: \_\_\_\_\_

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Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

DATE	TRANSCRIBED BY @ TIME	Surgery Type	Pre-operative: Antimicrobial and Dose	Post-operative: Antimicrobial and Dose
		<input type="checkbox"/> <b>Urologic</b>	<b>Clean surgery WITHOUT entry into urinary tract + sterile urine + high risk for surgical site infection (SSI)</b> <input type="checkbox"/> Less than 120 kg: Cefazolin 2 g IV x 1 dose <input type="checkbox"/> Greater than 120 kg: Cefazolin 3 g IV x 1 dose <b>Clean surgery WITHOUT entry into urinary tract and known bacteriuria</b> <input type="checkbox"/> Select antibiotics based on pre-operative cultures <b>Clean surgery WITH entry into urinary tract</b> <input type="checkbox"/> Less than 120 kg: Cefazolin 2 g IV x 1 dose <input type="checkbox"/> Greater than 120 kg: Cefazolin 3 g IV x 1 dose <b>OR</b> <input type="checkbox"/> Clindamycin 600mg x 1 dose <b>Upper tract instrumentation or renal calculi</b> <input type="checkbox"/> Ceftriaxone 2g IV x 1 dose <b>OR</b> <input type="checkbox"/> Ciprofloxacin 400mg IV x 1 dose <b>Cystectomy</b> <input type="checkbox"/> Less than 120 kg: Cefoxitin 2 g IV x 1 dose <input type="checkbox"/> Greater than 120 kg: Cefoxitin 3 g IV x 1 dose	No post-operative antibiotics
		<input type="checkbox"/> <b>TURP</b> (transurethral resection of the prostate)	<b>Sterile urine</b> <input type="checkbox"/> Ceftriaxone 2g IV x 1 dose <b>Known bacteriuria</b> <input type="checkbox"/> Select antibiotics based on pre-operative cultures <b>Severe penicillin allergy</b> <input type="checkbox"/> Gentamicin 3mg/kg x _____ kg = _____ mg IV x 1 dose	No post-operative antibiotics
		<input type="checkbox"/> <b>TRUS</b> (transrectal ultrasound guided prostate biopsy)  <b>IMPORTANT: IM route must be given 30 to 60 minutes prior to incision</b>	<input type="checkbox"/> Ceftriaxone 2g IV x 1 dose <b>Known UTI</b> <input type="checkbox"/> Provide appropriate treatment and re-schedule TRUS <b>Severe penicillin allergy</b> <input type="checkbox"/> Gentamicin 3mg/kg x _____ kg = _____ mg IM x 1 dose	No post-operative antibiotics
		Physician Signature & ID: _____ Date/Time: _____		



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- Indication (select one):
  - Surgical Prophylaxis
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 Surgery type: \_\_\_\_\_ Indication: \_\_\_\_\_

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Pharmacy will renally adjust all medications per policy.

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

DATE	TRANSCRIBED BY @ TIME	Surgery Type	Pre-operative: Antimicrobial and Dose	Post-operative: Antimicrobial and Dose	
		<input type="checkbox"/> <b>Vascular</b> Lower extremity amputation for ischemia; Arterial involving abdominal aorta, a prosthesis, or groin incision <b>**Risk factors for MRSA</b> <ul style="list-style-type: none"> <li>▪ Chronic wound care or dialysis</li> <li>▪ Patient transferred from another inpatient hospitalization after &gt; 3 day stay</li> <li>▪ Known prior colonization with MRSA</li> <li>▪ Previous MRSA infection</li> </ul>	<input type="checkbox"/> <i>Less than 120 kg:</i> Cefazolin 2 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Cefazolin 3 g IV x 1 dose <p style="text-align: center;"><b>AND (if MRSA**risk):</b></p> <input type="checkbox"/> <i>Less than 120 kg:</i> Vancomycin 1 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Vancomycin 1.5 g IV x 1 dose <p><b>Severe penicillin allergy</b></p> <input type="checkbox"/> <i>Less than 120 kg:</i> Vancomycin 1 g IV x 1 dose <input type="checkbox"/> <i>Greater than 120 kg:</i> Vancomycin 1.5 g IV x 1 dose	<input type="checkbox"/> Cefazolin 1 g IV q8h x 2 doses <b>AND</b> Vancomycin 1g IV q12h x 1 dose <p><b>Severe penicillin allergy</b></p> <input type="checkbox"/> Vancomycin 1g IV q12h x 1 dose	<ul style="list-style-type: none"> <li>▪ <b>Antibiotic 1</b> _____</li> <li>▪ Last OR dose: _____</li> <li>▪ Next dose at: _____</li> <li>▪ <b>Antibiotic 2</b> _____</li> <li>▪ Last OR dose: _____</li> <li>▪ Next dose at: _____</li> <li>▪ <b>Anesthesia end time:</b> _____</li> </ul>
		<input type="checkbox"/> <b>Other</b> Must document below reason for alternate regimen. If active infection, this form not required	<input type="checkbox"/> Antibiotic #1: _____ Dose: _____ Route: _____ x 1 dose <input type="checkbox"/> Antibiotic #2: _____ Dose: _____ Route: _____ x 1 dose <input type="checkbox"/> Antibiotic #3: _____ Dose: _____ Route: _____ x 1 dose	<input type="checkbox"/> Antibiotic #1: _____ Dose: _____ Route: _____ Frequency: _____ x 24h <input type="checkbox"/> Antibiotic #2: _____ Dose: _____ Route: _____ Frequency: _____ x 24h <input type="checkbox"/> Antibiotic #3: _____ Dose: _____ Route: _____ Frequency: _____ x 24h	<ul style="list-style-type: none"> <li>▪ <b>Antibiotic 1</b> _____</li> <li>▪ Last OR dose: _____</li> <li>▪ Next dose at: _____</li> <li>▪ <b>Antibiotic 2</b> _____</li> <li>▪ Last OR dose: _____</li> <li>▪ Next dose at: _____</li> <li>▪ <b>Antibiotic 3:</b> _____</li> <li>▪ Last OR dose: _____</li> <li>▪ Next c Page 5 of 6 _____</li> <li>▪ <b>Anesthesia end time:</b> _____</li> </ul>

**Reason for alternate regimen selection (MUST document)**

- |   |   |
|---|---|
| <input type="checkbox"/> Transferred from another inpatient hospitalization after a 3-day stay<br><input type="checkbox"/> Known prior colonization with MRSA<br><input type="checkbox"/> Chronic wound care or dialysis<br><input type="checkbox"/> Allergy: _____ | <input type="checkbox"/> Active infection prior to surgical intervention and currently on antibiotics<br><input type="checkbox"/> Long term care resident within past year<br><input type="checkbox"/> Other: _____ |
|---|---|

- |  |   |
|--|---|
| <b>*High risk factors for SSI:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Obesity</li> <li><input type="checkbox"/> Malnutrition</li> <li><input type="checkbox"/> CSF leaks</li> <li><input type="checkbox"/> Ventricular drains</li> <li><input type="checkbox"/> Spinal instrumentation</li> <li><input type="checkbox"/> Age &gt; 60 years old</li> <li><input type="checkbox"/> Open posterior approach</li> <li><input type="checkbox"/> Procedure duration &gt; 2-4h</li> <li><input type="checkbox"/> Concurrent/previous shunt infection</li> <li><input type="checkbox"/> Emergency procedures</li> <li><input type="checkbox"/> Diabetes mellitus</li> </ul> | <b>**Risk factors for MRSA</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previous MRSA infection or known prior colonization</li> <li><input type="checkbox"/> Chronic wound care or dialysis</li> <li><input type="checkbox"/> Transferred from another inpatient hospitalization after &gt; 3 day stay</li> </ul> |
|--|---|

Physician Signature & ID: \_\_\_\_\_ Date/Time: \_\_\_\_\_



### Antimicrobial Re-dosing Interval Recommendations

Antimicrobial	Initial pre-operative dose	Re-dosing interval (from initiation of pre-operative dose)	Maximum number of intra-operative doses
Ampicillin-Sulbactam	3g (ampicillin 2g-sulbactam 1g)	3 hours	3
Cefazolin	Less than 120kg: 2g Greater than 120kg: 3g	4 hours	3
Cefoxitin	2g	3 hours	3
Ceftriaxone	2g	n/a	n/a
Ciprofloxacin	400mg	n/a	n/a
Clindamycin	600mg	4 hours	2
Ertapenem	1g	n/a	n/a
Gentamicin	3-5mg/kg	6 hours	1
Levofloxacin	500mg	n/a	n/a
Metronidazole	500mg	8 hours	2
Vancomycin	Less than 120kg: 1g Greater than 120kg: 1.5g	12 hours	1