

MERIDIAN HEALTH JSUMC•OMC•RMC•BCH•SOMC  
**PRE-OPERATIVE (INPATIENT/OUTPATIENT)**  
**PROPHYLACTIC SURGICAL ANTIBIOTIC ORDER FORM**  
**CARDIAC SURGERY/CABG SURGERY**  
 70395-079CX (1-14)S



\*PO1605\*

Weight: \_\_\_\_\_

Antibiotic Allergies: \_\_\_\_\_ (specify reaction below)

Reaction:  Rash  Hives  Anaphylaxis  GI/CNS Symptoms  Other

***Antibiotic to be administered within 1 hour prior to surgical incision.***  
***Vancomycin to be administered within 2 hours prior to surgical incision.***

If infection is discovered at time of surgery, please order antibiotics on regular order form post operatively.

<b>CLEAN SURGERY</b>	
<b>Cardiac Surgery/CABG</b>	<input type="checkbox"/> If < 80 kg: Cefazolin 1g/SWFI 10mL IV x 1 dose <input type="checkbox"/> If 80-120 kg: Cefazolin 2g/SWFI 20mL IV x 1 dose <input type="checkbox"/> If > 120 kg: Cefazolin 3g/SWFI 30mL IV x 1 dose
	If beta-lactam allergy: <input type="checkbox"/> If < 80 kg: Vancomycin 1g/200mL iso-osmotic IV x 1 dose** <input type="checkbox"/> If 80-100 kg: Vancomycin 1.25g/250mL NS IV x 1 dose** <input type="checkbox"/> If >100 kg: Vancomycin 1.5g/250mL NS IV x 1 dose**

**\*\*Vancomycin is acceptable with documented justification for its use.**  
**Acceptable reasons for Vancomycin use listed below.**

- Beta-lactam (penicillin or cephalosporin) allergy
- Known prior colonization with MRSA
- Patient high-risk due to acute inpatient hospitalization within the last year
- Patient being high-risk due to LTC setting within the last year, prior to admission
- Increased MRSA rate, either facility-wide or procedure-specific
- Chronic wound care or dialysis
- Continuous inpatient stay more than 24 hours prior to the procedure of interest
- Patient undergoing valve surgery
- Patient transferred from another inpatient hospitalization after 3 day stay
- Other reason for Vancomycin use: \_\_\_\_\_

Telephone Order with Read Back Initials: \_\_\_\_\_  Verbal Order with Repeat Back Initials: \_\_\_\_\_

NURSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

PRESCRIBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM