

MERIDIAN HEALTH JSUMC•OMC•RMC•BCH•SOMC
PRE-OPERATIVE (INPATIENT/OUTPATIENT)
PROPHYLACTIC SURGICAL ANTIBIOTIC ORDER FORM
COLORECTAL SURGERY
 70395-080CX (1-14)S



PO1606

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.

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

CLEAN-CONTAMINATED SURGERY	
Colorectal Surgery	<input type="checkbox"/> Cefotetan 1g/50mL NS IV x 1 dose OR if unavailable use Cefoxitin 2g/100mL NS IV x 1 dose
	<input type="checkbox"/> Ampicillin/Sulbactam 3g/100mL NS IV x 1 dose
	<input type="checkbox"/> If beta-lactam allergy: Metronidazole 500mg/100mL NS IV x 1 dose AND Ciprofloxacin 400mg/200mL D5W IV x 1 dose
	<input type="checkbox"/> If beta-lactam allergy: Ciprofloxacin 400mg/200mL D5W IV x 1 dose AND Clindamycin 900mg/50 mL D5W IV x 1 dose

Telephone Order with Read Back Initials: _____

Verbal Order with Repeat Back Initials: _____

NURSE SIGNATURE: _____ DATE: _____ TIME: _____ AM/PM

PRESCRIBER SIGNATURE: _____ DATE: _____ TIME: _____ AM/PM