MERIDIAN HEALTH JSUMC•OMC•RMC•BCH•SOMC

PRE-OPERATIVE (INPATIENT/OUTPATIENT)
PROPHYLACTIC SURGICAL ANTIBIOTIC ORDER FORM
HYSTERECTOMY SURGERY

70395-081CX (1-14)S

PO1607

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	
Hysterectomy	☐ If < 80 kg: Cefazolin 1g/SWFI 10mL IV x 1 dose ☐ If 80-120 kg: Cefazolin 2g/SWFI 20mL IV x 1 dose ☐ If > 120 kg: Cefazolin 3g/SWFI 30mL IV x 1 dose
	☐ Cefotetan 1g/50mL NS IV x 1 dose
	☐ Cefoxitin 2g/100mL NS IV x 1 dose
	☐ If beta-lactam allergy: Clindamycin 900mg/50mL D5W IV x 1 dose **AND** Gentamicin (1.5mg/kg) _____mg IV x 1 dose
	☐ If beta-lactam allergy: Metronidazole 500mg/100mL NS IV x 1 dose **AND** Ciprofloxacin 400mg/200mL 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