

MERIDIAN HEALTH JSUMC•OMC•RMC•BCH•SOMC  
**PRE-OPERATIVE (INPATIENT/OUTPATIENT)**  
**PROPHYLACTIC SURGICAL ANTIBIOTIC ORDER FORM**  
**PENILE PROSTHESIS/PROSTATE BIOPSY SURGERY**  
 70395-085CX (3-12)S



\*PO1611\*

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.

| CLEAN SURGERY  |   |
|--|---|
| <b>Penile Prosthesis Insertion, Removal, or Revision</b> | <input type="checkbox"/> Ampicillin/Sulbactam 3 gram IV x 1 dose  |
|  | <input type="checkbox"/> Gentamicin (1.5mg/kg) ___mg x 1 Dose <b>AND</b> Cefazolin 1 gram IV x 1 dose                         |
|  | <input type="checkbox"/> If beta-lactam allergy: Gentamicin (1.5mg/kg) ___mg x 1 Dose <b>AND</b> Vancomycin** 1 gram x 1 dose |
| <b>Prostate Biopsy</b>                                   | <input type="checkbox"/> Ciprofloxacin 400 mg IV x 1 dose   |
|  | <input type="checkbox"/> Cefazolin 1 gram IV x 1 dose   |
|  | <input type="checkbox"/> Gentamicin (1.5mg/kg) ___mg IV x 1 dose <b>AND</b> Metronidazole 500 mg IV x 1 dose                  |
|  | <input type="checkbox"/> Gentamicin (1.5mg/kg) ___mg IV x 1 dose <b>AND</b> Clindamycin 600 mg 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