

MERIDIAN HEALTH JSUMC•OMC•RMC•BCH•SOMC
PRE-OPERATIVE (INPATIENT/OUTPATIENT)
PROPHYLACTIC SURGICAL ANTIBIOTIC ORDER FORM
SYNTHETIC PUBOVAGINAL SLING SURGERY
 70395-087CX (3-12)S



PO1613

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-CONTAMINATED SURGERY	
Synthetic Pubovaginal Sling	<input type="checkbox"/> Cefazolin 1g IV x 1 dose
	<input type="checkbox"/> Cefotetan 1 gram IV x 1 dose OR, if unavailable use Cefoxitin 2 grams IV x 1 dose
	<input type="checkbox"/> If beta-lactam allergy : Gentamicin (1.5mg/kg) ___mg x 1 Dose AND Metronidazole 500mg 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