

MERIDIAN HEALTH JSUMC•OMC•RMC•BCH•SOMC
PRE-OPERATIVE (INPATIENT/OUTPATIENT)
PROPHYLACTIC SURGICAL ANTIBIOTIC ORDER FORM
VASCULAR SURGERY
 70395-088CX (1-14)S



PO1614

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	
Vascular Surgery	<input type="checkbox"/> If patient weighs <80kg: Cefazolin 1g/SWFI 10mL IV x 1 dose
	<input type="checkbox"/> If patient weighs 80-120kg: Cefazolin 2g/SWFI 20mL IV x 1 dose
	<input type="checkbox"/> If patient weighs >120kg: 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**
	If beta-lactam allergy:
	<input type="checkbox"/> Clindamycin 900mg/50mL D5W 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