

MERIDIAN HEALTH
**PRE-OPERATIVE (INPATIENT/OUTPATIENT)
 PROPHYLACTIC SURGICAL ANTIBIOTIC ORDER FORM
 PACEMAKERS OR AICDS SURGERY**

70395-084CX (5-11)S



P01610

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	
Pacemakers or AICDs	<input type="checkbox"/> Cefazolin 1 gram IV x 1 dose <input type="checkbox"/> Cefazolin 2 grams IV x 1 dose (If patient weighs > 80kg) <input type="checkbox"/> If beta-lactam allergy: Vancomycin ** 1 gram IV x 1 dose <input type="checkbox"/> If beta-lactam allergy: Clindamycin 600mg 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