

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

Pediatric- General Surgery- Preoperative

Version 4 3/24/14

- ***This pediatric order set is suggested for use in patients 1 month through 17 years of age AND less than 50 kilograms***

General

- Order for Surgery
Specific Surgery: _____

Date of Surgery: _____
Obtain the Written Authorization for Ordered Surgery

Patient Placement

- Patient Status**
- Admit to inpatient
 - Outpatient

Nursing Orders

- Initiate pre-operative anesthesia protocol
- Glucose, blood, point-of-care measurement
- Urinary catheter initiation/management place in OR
- Intermittent pneumatic compression; place in OR
- Scrub surgical site with hibiclens
- Patient to shower with hibiclens night before surgery and morning of surgery

Diet

- NPO except medications after midnight on day of surgery

Medications

Perioperative Antibacterial Prophylaxis

Reminders: Penicillin Allergy

- Penicillin allergy unknown reaction or known anaphylactic reaction: If patient believes they are penicillin allergic- discuss signs/symptoms of anaphylaxis to determine if cephalosporins are safe. If has had symptoms of anaphylaxis (loss of consciousness, shock, difficulty breathing, airway closure from laryngeal edema, hypotension with onset less than 1 day after taking penicillin) or unable to determine the reaction type: DO NOT USE CEPHALOSPORINS.
- Penicillin allergy known non-anaphylactic reaction: If patient reaction to penicillin is rash, hives, swelling, skin redness, itching or GI symptoms with onset of greater than 1 day- MAY USE CEPHALOSPORINS.

- **Provider please select no antibiotic option or one of the antibiotic protocol groups:**

No antibiotic prophylaxis indicated

Initials_____

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

INITIATE GROUP 1 Surgical Pre-op Antibiotic Prophylaxis Protocol

(Examples include: Cardiac or vascular procedures, knee or hip arthroplasty, Neuro/Spinal procedures. For a more comprehensive list please see the Adult Antibiotic Prophylaxis Guideline)

- After provider initiation of the group 1 protocol, nursing is to select appropriate antibiotics from the group 1 protocol choices below:

No Cephalosporin Allergy and No Anaphylaxis to Penicillin (non MRSA):

ceFAZolin (ANCEF)

- 30 milligram/kilogram intravenously once (MAX 2 gram) 0-60 minutes prior to surgical incision and repeat dose every 4 hours if surgical case is greater than 4 hours

Cephalosporin Allergy OR Anaphylaxis to Penicillin OR unable to determine reaction type to Penicillin (non MRSA):

clindamycin (CLEOCIN)

- 10 milligram/kilogram intravenously once (MAX 900 milligram) 0-60 minutes prior to surgical incision and repeat dose every 6 hours if surgical case is greater than 6 hours

INITIATE GROUP 2 Surgical Pre-op Antibiotic Prophylaxis Protocol

(Examples include: Colon procedures, Vaginal or abdominal hysterectomy, Transurethral Resection of the Prostate, Uro/genital involving entry into the urinary tract. For a more comprehensive list please see the Adult Antibiotic Prophylaxis Guideline)

- After provider initiation of the group 2 protocol, nursing is to select appropriate antibiotics from the group 2 protocol choices below:

No Cephalosporin Allergy and No Anaphylaxis to Penicillin (non MRSA):

cefOXitin (MEFOXIN)

- 40 milligram/kilogram intravenously once (MAX 2 gram) 0-60 minutes prior to surgical incision and repeat dose every 2 hours if surgical case is greater than 2 hours

Cephalosporin Allergy OR Anaphylaxis to Penicillin OR unable to determine reaction type to Penicillin (non MRSA):

For creatinine less than 1.5: SELECT ALL

clindamycin (CLEOCIN)

- 10 milligram/kilogram intravenously once (MAX 900 milligram) 0-60 minutes prior to surgical incision and repeat dose every 6 hours if surgical case is greater than 6 hours

gentamicin

- 2.5 milligram/kilogram intravenously pharmacy to calculate dose (MAX 120 milligram) 0-120 minutes prior to surgical incision, no repeat dose needed

For creatinine greater than or equal to 1.5: SELECT ALL

clindamycin (CLEOCIN)

- 10 milligram/kilogram intravenously once (MAX 900 milligram) 0-60 minutes prior to surgical incision and repeat dose every 6 hours if surgical case is greater than 6 hours

ciprofloxacin (CIPRO)

- 10 milligram/kilogram intravenously once (MAX 400 milligram) 0-120 minutes prior to surgical incision, no repeat dose needed

Initials _____

