(place patient label here)  Patient Name:  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	Benefis HEALTH SYSTEM Benefis HOSPITALS PROVIDER ORDERS
Diagnosis:	
Allergies with reaction type:	
<ul> <li>Pediatric- General Surgery- Preoperative</li> <li>This pediatric order set is suggested for use in patients 1 month the less than 50 kilograms</li> <li>General</li> <li>☑ Order for Surgery</li> <li>Specific Surgery:</li> </ul>	Version 4 3/24/14 rough 17 years of age AND
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 surge	ıry
Diet  ☐ NPO except medications after midnight on day of surgery	
<ul> <li>Medications         Perioperative Antibacterial Prophylaxis         Reminders: Penicillin Allergy         <ul> <li>Penicillin allergy unknown reaction or known anaphylactic reaction: If patient allergic- discuss signs/symptoms of anaphylaxis to determine if cephalosporin anaphylaxis (loss of consciousness, shock, difficulty breathing, airway closure hypotension with onset less than 1 day after taking penicillin) or unable to det USE CEPHALOSPORINS.</li> <li>Penicillin allergy known non-anaphylactic reaction: If patient reaction to peni redness, itching or GI symptoms with onset of greater than 1 day- MAY USE O</li> </ul> </li> <li>Provider please select no antibiotic option or one of the antibiotic professional processing processing analysis of the antibiotic professional processing processi</li></ul>	is are safe. If has had symptoms of from laryngeal edema, termine the reaction type: DO NOT cillin is rash, hives, swelling, skin CEPHALOSPORINS.

Initials\_\_\_\_\_

□ No antibiotic prophylaxis indicated

(place patient label here) Patient Name:	Benefis
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	PROVIDER ORDERS
☐ INITIATE GROUP 1 Surgical Pre-op Antibiotic Prophylaxis Protoce (Examples include: Cardiac or vascular procedures, knee or hip arthroplasty, Neuro/Spin comprehensive list please see the Adult Antibiotic Prophylaxis Guideline)	
<ul> <li>After provider initiation of the group 1 protocol, nursing is to select a group 1 protocol choices below:</li> <li>No Cephalosporin Allergy and No Anaphylaxis to Penicillin (no ceFAZolin (ANCEF)</li> <li>30 milligram/kilogram intravenously once (MAX 2 gram) 0-incision and repeat dose every 4 hours if surgical case is grea</li> </ul>	on MRSA): 60 minutes prior to surgical
Cephalosporin Allergy OR Anaphylaxis to Penicillin OR unable to Penicillin (non MRSA):  clindamycin (CLEOCIN)  □ 10 milligram/kilogram intravenously once (MAX 900 milligrangum surgical incision and repeat dose every 6 hours if surgical cases.	am)0-60 minutes prior to
☐ INITIATE GROUP 2 Surgical Pre-op Antibiotic Prophylaxis Protocol (Examples include: Colon procedures, Vaginal or abdominal hysterectomy, Transurethral	
involving entry into the urinary tract. For a more comprehensive list please see the Adult	Antibiotic Prophylaxis Guideline)
<ul> <li>After provider initiation of the group 2 protocol, nursing is to select a group 2 protocol choices below:</li> <li>No Cephalosporin Allergy and No Anaphylaxis to Penicillin (no cefOXitin (MEFOXIN)</li> <li>40 milligram/kilogram intravenously once (MAX 2 gram) 0-incision and repeat dose every 2 hours if surgical case is grea</li> </ul>	on MRSA): 60 minutes prior to surgical
Cephalosporin Allergy OR Anaphylaxis to Penicillin OR unable to Penicillin (non MRSA):  For creatinine less than 1.5: SELECT ALL clindamycin (CLEOCIN)	to determine reaction type
☐ 10 milligram/kilogram intravenously once (MAX 900 mill surgical incision and repeat dose every 6 hours if surgical contents of gentamicin	ase is greater than 6 hours
2.5 milligram/kilogram intravenously pharmacy to calcul 0-120 minutes prior to surgical incision, no repeat dose need   For creatinine greater than or equal to 1.5: SELECT ALL elipdamysin (CLEOCIN)	

ciprofloxacin (CIPRO)

surgical incision, no repeat dose needed

□ 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

□ 10 milligram/kilogram intravenously once (MAX 400 milligram) 0-120 minutes prior to

(place patient label here)  Patient Name:  Order Set Directions:  > (y)- Check orders to activate; Orders with pre-checked box ☑ will > Initial each place in the pre-printed order set where changes such > Initial each page and Sign/Date/Time last page  Diagnosis:  Allergies with reaction type:	ill be followed unless lined out. ch as additions, deletions or line outs have been made	Benefis HEALTH SYSTEM Benefis HOSPITALS PROVIDER ORDERS
		-
■ After provider initiation protocol, nursi  MRSA positive MSSA positi  yes yes  no no no  IF MRSA or MSSA screen is positive: SELE  mupirocin (BACTROBAN) 2% nasal ointm  0.5 gram in each nostril 2 times a  MRSA positive screen or history of MRSA  Select for all positive pre-op MRSA screen re  vancomycin (VANCOCIN)  15 milligram/kilogram intr  incision, no repeat dose need	ing is to select from the protocol of tive  ECT  ment iday for5 day = 10 total doses Begin in without pre-op screen: SELECT in the properties of the process	n day of surgery <b>in addition to above antibiotics</b> OBAN) treatment regardless of post
Other Pre-Op Medications  Other:		
<ul> <li>Laboratory and Diagnostic Tests</li> <li>Order the following preoperative laboratory physical exam, and procedure type ONLY if</li> <li>☑ MRSA/MSSA by PCR for all patients who prior to surgery</li> <li>☐ CBCD auto Diff</li> <li>☐ PTT</li> <li>☐ PT (PROTIME AND INR)</li> <li>☐ Basic metabolic panel</li> <li>Blood Bank</li> <li>☐ Clot to hold -Obtain less than 24 ho</li> <li>☐ Type and screen - Obtain less than</li> <li>☐ Packed Cell unit(s) red blood compared</li> <li>[ ] Autologous; Date of surgery (if key part of the process of the proc</li></ul>	y and diagnostic tests after review f not included in anesthesia protoco will receive prophylactic antibiotic    Comprehensive metabol   Pregnancy Test, serum   UACIF  Our prior to surgery   24 hour prior to surgery   cells (RBC); Obtain less than 24 hour	ol cs -May be obtained up to 30 days lic panel
XR chest single □ -If not done in past month; Reas 12-lead ECG □ If not done in past 3 months; Re	-	
Consults  ● Provider to provider notification preferred  □ Consult to anesthesiology regardin  □ Consult to Pediatric Hospitalist regarders	ng	

\_\_\_\_\_Date:\_\_\_\_\_Time:\_\_\_\_

Provider Signature:\_\_\_\_\_