

(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
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**PROVIDER ORDERS**

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**Surgical Antibiotic Prophylaxis Protocol  
General**

**Version 4 2/2/16**

- After provider order for initiation of a protocol, nursing may place orders found within the protocol using the Policy/Protocol - No Esign Req order source.

**Medications**

***Surgical Pre-op Antibiotic Prophylaxis Protocol***

***STEP ONE: Determine Penicillin Allergy Reaction Type***

- **PENICILLIN ALLERGY ANAPHYLACTIC REACTION (known OR unknown 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

**[ ] GROUP 1 Prophylactic Agents**

- IF GROUP 1 ORDERED BY PROVIDER: Select appropriate antibiotics from the choices below

***No Cephalosporin Allergy and No Anaphylaxis to Penicillin:***

ceFAZolin (ANCEF)

- 2 gram intravenously once 0-60 minutes prior to surgical incision and repeat dose every 4 hours if surgical case is greater than 4 hours
- 3 gram intravenously once (Select for patients greater than 120 kilogram) 0-60 minutes prior to surgical incision and repeat dose every 4 hours if surgical case is greater than 4 hours

***\*\*For Head and Neck- Cancer Surgery or Intraoral Bone Grafting Procedures ONLY***

***ADD metronidazole (in addition to ceFAZolin (ANCEF):***

metroNIDAZOLE (FLAGYL)

- 500 milligram intravenously once 0-60 minutes prior to surgical incision, no repeat dose needed

***\*\*For Penile Prosthesis Procedures ONLY***

***ADD gentamicin (in addition to ceFAZolin (ANCEF):***

gentamicin

- 5 milligram/kilogram intravenously once 0-60 minutes prior to surgical incision Pharmacy to dose

***Cephalosporin Allergy OR Anaphylaxis to Penicillin OR unable to determine reaction type to Penicillin:***

clindamycin (CLEOCIN)

- 900 milligram intravenously once 0-60 minutes prior to surgical incision and repeat dose every 6 hours if surgical case is greater than 6 hours

***\*\*For Penile Prosthesis Procedures ONLY***

***ADD gentamicin (in addition to clindamycin(CLEOCIN):***

gentamicin

- 5 milligram/kilogram intravenously once 0-60 minutes prior to surgical incision Pharmacy to dose

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Patient Name: \_\_\_\_\_



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**[ ] GROUP 2 Prophylactic Agents**

- IF GROUP 2 ORDERED BY PROVIDER: Select appropriate antibiotics from the choices below

**No Cephalosporin Allergy and No Anaphylaxis to Penicillin:**

cefOXitin (MEFOXIN)

- 2 gram intravenously once 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: SELECT ALL**

ciprofloxacin (CIPRO)

- 400 milligram intravenously once 0-120 minutes prior to surgical incision, no repeat dose needed
- metroNIDAZOLE (FLAGYL)
- 500 milligram intravenously once 0-60 minutes prior to surgical incision, no repeat dose needed

**MRSA/MSSA Treatment Protocol**

**STEP TWO: Determine MRSA/MSSA Status**

- If MRSA/MSSA results are not available you will need to return to this order set if the result is positive to complete the ordering process

MRSA positive

- yes
- no

MSSA positive

- yes
- no

Treated with mupirocin (BACTROBAN) within past 30 days?

- yes
- no

MRSA Post Bactroban Culture positive?

- yes
- no

**IF MRSA or MSSA screen is positive: SELECT (except scheduled elective Orthopedic Surgery patients who have completed full 5 days of Bactroban within the past 30 day)**

mupirocin (BACTROBAN) 2% nasal ointment

- 0.5 gram in each nostril 2 times a day for 5 days = 10 total doses Begin day of surgery and/or give dose just prior to surgery

**MRSA positive screen or history of MRSA without pre-op screen: SELECT in addition to above antibiotics**

- Select for all positive pre-op MRSA screen regardless of MRSA Post Bactroban Culture results  
vancomycin (VANCOCIN)
  - 15 milligram/kilogram intravenously once (2 gram MAX) 0-120 minutes prior to surgical incision, no repeat dose needed Pharmacy to dose