

(place patient label here)

Patient

Name: _____

BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS



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: _____

Breast Implant Antimicrobial

Version (1) 10/30/2018

MEDICATION

- cefaZOLin 1,000 mg, gentamicin 80 mg, and bacitracin 50,000 units in normal saline 500ml irrigation ON CALL to OR
- gentamicin 80 mg, bacitracin 50,000 units, and vancomycin 1,000 mg in normal saline 500ml irrigation ON CALL to OR
- gentamicin 80 mg and bacitracin 50,000 units in normal saline 500 ml irrigation ON Call to OR

Provider Signature: _____ Date: _____ Time: _____