

(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.
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Diagnosis: _____

Allergies with reaction type: _____

**Surgery – Preoperative
General**

Version 10

9/4/19

- 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
- Apply anti-embolic stockings (graduated)
 - knee high
- Intermittent pneumatic compression place in OR
- Scrub surgical site with hibiclens
- Patient to shower with hibiclens night before surgery and morning of surgery
- Give scheduled beta blocker in the morning prior to surgery; hold if heart rate less than 50 bpm and notify anesthesia
- Other _____

Diet

- NPO except medications after midnight on day of surgery
- NPO after midnight on day of surgery

Medications

Reminders – Miscellaneous

- For patients undergoing noncardiac surgery who are at high risk for cardiac events (excluding cardiac stent thrombosis), consider continuing aspirin up to and beyond the time of surgery

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 _____

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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:

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**

In addition to ceFAZolin SELECT:

metroNIDAZOLE (FLAGYL)

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

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**

In addition to ceFAZolin OR clindamycin SELECT:

gentamicin

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

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)

- 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 (non MRSA): 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

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INITIATE MRSA/MSSA Treatment Protocol
IF MRSA or MSSA screen is positive: SELECT

mupirocin (BACTROBAN) 2% nasal ointment

- 0.5 gram in each nostril 2 times a day for 5 day = 10 total doses Begin day of 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 results prior to mupirocin (BACTROBAN) treatment regardless of post mupirocin (BACTROBAN) MRSA screen results

vancomycin (VANCOCIN)

- 15 milligram/kilogram intravenously once (2 grams MAX) 0-120 minutes prior to surgical incision, no repeat dose needed Pharmacy to dose

For Bladder Cancer Procedures:

mitomycin

- 40 milligram in 20 mL sterile water into bladder by irrigation once on call for procedure
- 40 milligram in 40 mL sterile water into bladder by irrigation once on call for procedure

For Colorectal Procedures:

alvimopan (ENTEREG)

- 12 milligram orally once 30 minutes to 5 hours prior to surgery

Heparin

- 5000 unit subcutaneously once 2 hours prior to incision

For Nasal Procedures:

oxymetazoline 0.05% nasal spray aerosol (AFRIN)

- 2 puff in each nostril every 30 minutes x 2 doses; start upon arrival; Hold for blood pressure greater than 140/90

Pain Management

- Consult: Surgeon requests Anesthesia and Analgesia services where appropriate and follow-up as indicated to enhance post-operative pain management and facilitate optimal disposition

Other Pre-Op Medications

- indocyanine green 2 milligrams intravenously, give 45 minutes prior to procedure
- ceFAZolin 1,000 milligrams, gentamicin 80 milligrams, and bacitracin 5,000 units in normal saline 500 milliliters irrigation, ON CALL TO OR
- Other Pre-op Medications: _____

Laboratory and Diagnostic Tests

- Order the following preoperative laboratory and diagnostic tests after review of medical records, history and physical exam, and procedure type ONLY if not included in anesthesia protocol

- MRSA/MSSA by PCR for all patients who will receive prophylactic antibiotics -May be obtained up to 30 days prior to surgery

- CBC/Auto Diff PT (PROTIME AND INR) COMPREHENSIVE PREGNANCY TEST, SERUM
- PTT BASIC METABOLIC PANEL METABOLIC PANEL UACIF

Blood Bank

- Clot to hold -Obtain less than 24 hours prior to surgery
- Type and screen - Obtain less than 24 hours prior to surgery
- Packed Cell ___ unit(s) red blood cells (RBC); Obtain less than 24 hour prior to surgery
- Autologous; Date of surgery (if known) _____
- 12-lead ECG
 - If not done in past 3 months; Reason for exam: age greater than 40

Consults

- Consult to anesthesiology regarding _____

Provider Signature: _____ Date: _____ Time: _____