

UROLOGICAL - PHYSICIAN ORDER - ADULT ANTIBIOTIC FOR SURGICAL PROPHYLAXIS

Date of Procedure _____	Drug Allergies _____
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Height _____ Weight _____

Review patient allergies prior to prescribing/administering medications. Please select appropriate boxes.

Procedure	Drug of choice:	* If Penicillin Allergy:
Genitourinary Transrectal prostate biopsy	Preop	Preop
	<input type="checkbox"/> Ciprofloxacin 400 mg IV	<input type="checkbox"/> Ciprofloxacin 400 mg IV
	<input type="checkbox"/> Cefotetan 2 Gm IV	<input type="checkbox"/> Gentamicin 1.5 mg/kg IV <u>AND</u> Clindamycin 600 mg IV
	<input type="checkbox"/> Ceftriaxone 2 Gm IV (<i>No Post-Op dose necessary</i>)	<input type="checkbox"/> Gentamicin 1.5 mg/kg IV <u>AND</u> Metronidazole 500 mg IV
	<input type="checkbox"/> Gentamicin 1.5 mg/kg IV <u>AND</u> Clindamycin 500 mg IV	
	<input type="checkbox"/> Gentamicin 1.5 mg/kg IV <u>AND</u> Metronidazole 500 mg IV	
	Post Op	Post-Op
<input type="checkbox"/> Ciprofloxacin 400 mg IV every 12 hours x 1 dose	<input type="checkbox"/> Ciprofloxacin 400 mg IV every 12 hours x 1 dose	
<input type="checkbox"/> Gentamicin IV Pharmacy to dose <u>AND</u> Clindamycin 600 mg IV every 8 hours x 2 doses	<input type="checkbox"/> Gentamicin IV Pharmacy to dose <u>AND</u> Clindamycin 600 mg IV every 8 hours x 2 doses	
<input type="checkbox"/> Gentamicin 1.5 mg/kg IV Pharmacy to dose <u>AND</u> Metronidazole 500 mg IV every 8 hours x 2 doses	<input type="checkbox"/> Gentamicin IV Pharmacy to dose <u>AND</u> Metronidazole 500 mg IV every 8 hours x 2 doses	
Genitourinary Penile prosthesis insertion, removal	Preop	Preop
	<input type="checkbox"/> Ampicillin/Sulbactam 3 gm IV	<input type="checkbox"/> Gentamicin 1.5 mg/kg IV <u>AND</u> Vancomycin 1 Gm IV
	<input type="checkbox"/> Piperacillin/Tazobactam 3.375 gm IV	
	<input type="checkbox"/> Gentamicin 1.5 mg/kg IV <u>AND</u> Cefazolin 1 Gm IV (if wt less than 80 kg)	
	<input type="checkbox"/> Gentamicin 1.5 mg/kg IV <u>AND</u> Cefazolin 2 Gm IV (if wt greater than or equal to 80 kg)	
	<input type="checkbox"/> Gentamicin 1.5 mg/kg IV <u>AND</u> Cefotetan 2 Gm IV	
	Post-Op	Post-Op
	<input type="checkbox"/> Ampicillin/Sulbactam 3 Gm IV every 8 hours x 2 doses	<input type="checkbox"/> Gentamicin IV Pharmacy to dose <u>AND</u> Vancomycin 1 Gm IV every 12 hours x 1 dose
<input type="checkbox"/> Piperacillin/Tazobactam 3.375 Gm IV every 6 hours x 2 doses		
<input type="checkbox"/> Gentamicin IV Pharmacy to dose <u>AND</u> Cefazolin 1 Gm IV (if wt less than 80 kg) every 8 hours x 2 doses		
<input type="checkbox"/> Gentamicin IV Pharmacy to dose <u>AND</u> Cefazolin 2 Gm IV (if wt greater than or equal to 80 kg) every 8 hours x 2 doses		

Doses are adjusted according to renal function. Duration of prophylaxis is NOT to exceed 24 hours from surgery close time. **Overwritten orders will not be dispensed by pharmacy since they do not meet evidenced based guidelines unless suspected infection is documented here:** _____

Physician Signature: _____ Pager: _____ Date: _____ Time: _____



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PATIENT LABEL



MR.ORDER