

# CARD/VASC - 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:
<b>CABG/Cardiac/ Thoracic</b>	<b>Preop</b> <input type="checkbox"/> Cefazolin 1 Gm IV (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 Gm IV (if wt greater than or equal to 80 kg)	<b>Preop</b> <input type="checkbox"/> Vancomycin 1 Gm IV
	<input type="checkbox"/> Vancomycin 1 Gm IV (for high MRSA rates in Cardiac surgery)	
	<b>Intraop</b> <input type="checkbox"/> Repeat Cefazolin dose if surgery exceeds 3 hours	
	<b>Post-Op</b> <input type="checkbox"/> Cefazolin 1 Gm IV every 8 hours x 5 doses (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 Gm IV every 8 hours x 5 doses (if wt greater than or equal to 80 kg) <input type="checkbox"/> Vancomycin 1 Gm IV every 12 hours x 2 doses (for high MRSA rates in Cardiac Surgeries)	<b>Post-Op</b> <input type="checkbox"/> Vancomycin 1 Gm IV every 12 hours IV x 2 doses
<b>Vascular or Other Cardiac (pacemakers or AICDs)</b>	<b>Preop</b> <input type="checkbox"/> Cefazolin 1 Gm IV (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 Gm IV (if wt greater than or equal to 80 kg)	<b>Preop</b> <input type="checkbox"/> Vancomycin 1 Gm IV
	<input type="checkbox"/> Vancomycin 1 Gm IV (for high MRSA rates in Cardiac surgery)	
	<b>Post-Op</b> <input type="checkbox"/> Cefazolin 1 Gm IV every 8 hours x 2 doses (if wt less than 80 kg) <input type="checkbox"/> Cefazolin 2 Gm IV every 8 hours x 2 doses (if wt greater than or equal to 80 kg)	<b>Post-Op</b> <input type="checkbox"/> Vancomycin 1 Gm IV every 12 hours x 1 dose
	<input type="checkbox"/> Vancomycin 1 Gm IV every 12 hours x 1 dose (for high MRSA rates in Cardiac Surgeries)	

Doses are adjusted according to renal function. Duration of prophylaxis is NOT to exceed 24 hours from surgery close time for vascular surgeries, or 48 hours for cardiac surgeries. **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**

SVPOD-198 (9/09)