

COLON - PHYSICIAN ORDER - ADULT SURGICAL

Date of Procedure _____ Drug Allergies _____

Height _____ Weight _____

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

Procedure	Drug of choice:	* If Penicillin Allergy:
Colon Surgery (includes Hemicolectomy, Ruptured Appendectomy, Sigmoidectomy, Cecectomy, Colectomy, Colostomy)	Preop <input type="checkbox"/> Cefotetan 2 Gm IV <input type="checkbox"/> Cefazolin 1 Gm IV (if wt less than 80 kg) AND Metronidazole 500 mg IV <input type="checkbox"/> Cefazolin 2 Gm IV (if wt greater than or equal to 80 kg) AND Metronidazole 500 mg IV <input type="checkbox"/> Ampicillin/Sulbactam 3 Gm IV <input type="checkbox"/> Ertapenem 1 Gm IV (<i>No Post-Op dose necessary</i>)	Preop <input type="checkbox"/> Clindamycin 600 mg IV AND Gentamicin 1.5 mg/kg IV <input type="checkbox"/> Metronidazole 500 mg IV AND Gentamicin 1.5 mg/kg IV <input type="checkbox"/> Metronidazole 500 mg IV AND Ciprofloxacin 400 mg IV
	Intra-Op <input type="checkbox"/> Repeat Cefazolin and Metronidazole doses if surgery exceeds 3 hours <input type="checkbox"/> Repeat Ampicillin/Sulbactam dose if surgery exceeds 3 hours	
	VTE PROPHYLAXIS <input type="checkbox"/> Heparin 5,000 units subq (Give in holding room)	
	Post-Op <input type="checkbox"/> Cefotetan 2 Gm IV every 12 hours x 1 dose <input type="checkbox"/> Cefazolin 1 Gm IV every 8 hours x 2 doses (if wt is less than 80 kg) AND Metronidazole 500 mg IV every 8 hours x 2 doses <input type="checkbox"/> Cefazolin 2 Gm IV every 8 hours x 2 doses (if wt is greater than or equal to 80 kg) AND Metronidazole 500 mg IV every 8 hours x 2 doses <input type="checkbox"/> Ampicillin/Sulbactam 3 Gm IV every 6 hours x 2 doses	Post-Op <input type="checkbox"/> Clindamycin 900 mg IV every 8 hours x 2 doses AND Gentamicin IV Pharmacy to dose <input type="checkbox"/> Metronidazole 500 mg IV every 6 hours x 2 doses AND Gentamicin IV Pharmacy to dose <input type="checkbox"/> Metronidazole 500 mg IV every 6 hours x 2 dose AND Ciprofloxacin 400 mg IV every 12 hours x 1 dose
	VTE PROPHYLAXIS <input type="checkbox"/> Heparin 5,000 units subq every 8 hours (patients greater than or equal to 45 kg) <input type="checkbox"/> Heparin 5,000 units subq every 12 hours (patients less than 45 kg)	

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