

GENERAL SURGERY/GAS/BIL Peg - PHYSICIAN SURGICAL ORDERS

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:
Gastric/ Biliary PEG placement, revision	Preop <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)	Preop <input type="checkbox"/> Clindamycin 600 mg IV <u>AND</u> Gentamicin 1.5 mg/kg IV <input type="checkbox"/> Vancomycin 1 Gm IV <u>AND</u> Ciprofloxacin 400 mg IV
	Post-Op <input type="checkbox"/> Cefazolin 1 Gm IV every 8 hours x 2 doses (if wt is less than 80 kg) <input type="checkbox"/> Cefazolin 2 Gm IV every 8 hours x 2 doses (if wt is greater than or equal to 80 kg)	Post-Op <input type="checkbox"/> Clindamycin 600 mg IV every 8 hours x 2 doses <u>AND</u> Gentamicin IV Pharmacy to dose <input type="checkbox"/> Vancomycin 1 Gm IV every 12 hours x 1 dose <u>AND</u> Ciprofloxacin 400 mg IV every 12 hours x 1 dose
	Preop <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)	Preop <input type="checkbox"/> Vancomycin 1 Gm IV
	Intra-Op <input type="checkbox"/> Repeat Cefazolin dose if surgery exceeds 3 hours	
General Surgery (Any surgery not listed above that includes insertion of prosthetic material i.e. saline implants, mesh, or tissue expander. Includes Gastric bypass, mastectomy)	VTE PROPHYLAXIS <input type="checkbox"/> Heparin 5,000 units subq (Give in holding room)	
	Post-Op <input type="checkbox"/> Cefazolin 1 Gm IV every 8 hours x 2 doses (if wt is less than 80 kg) <input type="checkbox"/> Cefazolin 2 Gm IV every 8 hours x 2 doses (if wt is greater than or equal to 80 kg) x 2 doses	Post-Op <input type="checkbox"/> Vancomycin 1 Gm IV every 12 hours IV 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: _____



ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com

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PATIENT LABEL



MR.ORDER

SVPOD-202 (9/09)