Seton Medical Center
Harker Heights
A partner of the Seton Healthcare Family

SCIP Post-Operative Orders

Date	Time	
		☐ Outpatient Procedure: ______________________ for ______________________. ☐ Place in Outpatient Observation Services for: ______________________. ☐ Admit as Inpatient for: ______________________.

Antibiotics

Date	Time	
		☐ Administer the following prophylactic antibiotics and discontinue within 23 hours of surgery close time: ______________________ ☐ Administer the following prophylactic antibiotics and continue for suspected vulnerability to infection: ______________________ ☐ Administer the following antibiotics for clinical indication: ______________________

Date	Time	Cardiac or Vascular Surgery	Approved Antibiotic	B-Lactam Allergy
			☐ Cefazolin (Ancef, Kefzol) 1 gram IV every 8 hours	☐ Vancomycin 1000 mg IV every 12 hours (1500 mg if greater than 99 kg)
			☐ Vancomycin (Vancocin) 1000 mg IV every 12 hours (1500 mg if greater than 99 kg) • Documented reason for ▪ High Incidence of MRSA and/or ▪ Penicillin or other beta-lactam allergy ▪ Other documented reason	☐ Clindamycin 600-900 IV every 8 hours

Date	Time	Hip/Knee Arthroplasty	Approved Antibiotic	B-Lactam Allergy
			☐ Cefazolin (Ancef, Kefzol) 1 gram IV every 8 hours	☐ Vancomycin 1000 mg IV every 12 hours (1500 mg if greater than 99 kg)
			☐ Vancomycin (Vancocin) 1000 mg IV every 12 hours (1500 mg if greater than 99 kg) • Documented reason for ▪ High Incidence of MRSA and/or ▪ Penicillin or other beta-lactam allergy ▪ Other documented reason	☐ Clindamycin 600-900 mg IV every 8 hours

Date	Time	Colon	Approved Antibiotic	B-Lactam Allergy
			☐ Cefazolin 1g IV + Metronidazole 500 mg IV every 6 hours ☐ Cefazolin 2g IV + Metronidazole 500 mg IV every 6 hours	☐ Clindamycin 600-900 mg IV every 8 hours + Gentamycin ___ mg IV every 8 hours
			☐ Cefoxitin 1 g IV every 6 hours	☐ Clindamycin 600-900 mg IV every 8 hours + Levofloxacin 500 mg IV every 24 hour ☐ Ciprofloxacin 400 mg IV every 12 hours
			☐ Ampicillin/Sulbactam 3g IV every 6 hours	☐ Clindamycin 600-900 mg IV every 8 hours + Aztreonam 1 gm IV every 8 hours
				☐ Metronidazole 1000 mg IV every 6 hours + Gentamycin ___ mg every 8 hours
				☐ Metronidazole 1000 mg IV every 6 hours + Levofloxacin 500 mg IV every 24 hours ☐ Ciprofloxacin 400 mg IV every 12

______________________ ______________ ______________ ______________
Physician Signature **Physician Number** **Date** **Time**

Allergies & Sensitivities

Place patient label here

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Date	Time			
		Hysterectomy	□ Cefazolin 1g IV every 8 hours □ Cefazolin 2g IV every 8 hours	□ Clindamycin 600-900 mg IV every 8 hours + Gentamicin ___ mg IV every 6 hours
			□ Cefazolin 1g IV every 8 hours □ Cefazolin 2g IV every 8 hours	□ Clindamycin 600-900 mg IV every 8 hours + Levofloxacin 500 mg every 24 hours □ Ciprofloxacin 400 mg IV every 12 hours
			□ Ampicillin/Sulbactam 3g IV every 6 hours	□ Clindamycin 600-900 mg IV every 8 hours + Aztreonam 1 gm IV every 8 hours
				□ Metronidazole 1000 mg + Gentamicin ___ mg IV every 8 hours
				□ Metronidazole 1000 mg IV every 6 hours + Levofloxacin 500 mg IV every 24 hours □ Ciprofloxacin 400 mg IV every 12
		□ Discontinue Foley Post Op Day #1: □ at 0600 □ at 1000 □ Anytime Post Op Day #2 □ at 0600 □ at 1000 □ Anytime □ Continue beyond Day #2 for clinical indication:		
		□ Knee Arthroplasty: Administer Lovenox 30 mg SQ BID beginning at 0600 first post op day		
		□ All others: Administer Lovenox 40 mg SQ every 24 hours beginning at 0600 first post op day		
		□ SCDs Ted Hose □ Knee High □ Thigh High		

Physician Signature **Physician Number** **Date** **Time**

Allergies & Sensitivities	
	Place patient label here