



# Seton Medical Center Harker Heights

A partner of the Seton Healthcare Family

## SCIP Pre-Operative Orders

Date	Time	<input type="checkbox"/> Outpatient Procedure: _____ for _____. <input type="checkbox"/> Place in Outpatient Observation Services for: _____. <input type="checkbox"/> Admit as Inpatient for: _____
		1. Notify Anesthesia if patient has not taken routine scheduled beta-blocker within 24 hours of surgery SCD's in day 2. <input type="checkbox"/> surgery <input type="checkbox"/> TED hose in day surgery <input type="checkbox"/> Lovenox 40 mg SQ in day surgery

Date	Time	Cardiac or Vascular Surgery	Approved Antibiotic	B-Lactam Allergy
			<input type="checkbox"/> Cefazolin (Ancef, Kefzol) 1 gram IV to be given in OR	<input type="checkbox"/> Vancomycin 1000 mg IV one hour prior to incision (1500 mg if greater than 99 kg) Administer upon transport to OR or
			<input type="checkbox"/> Vancomycin (Vancocin) 1000 mg IV one hour prior to incision (1500 mg if greater than 99 kg) Administer upon transport to OR • Documented reason for <ul style="list-style-type: none"> <li>▪ High Incidence of MRSA and/or</li> <li>▪ Penicillin or other beta-lactam allergy</li> <li>▪ Other documented reason</li> </ul>	<input type="checkbox"/> Clindamycin 600 mg IV to be given in OR <input type="checkbox"/> Clindamycin 900 mg IV to be given in OR

Date	Time	Hip/Knee Arthroplasty	Approved Antibiotic	B-Lactam Allergy
			<input type="checkbox"/> Cefazolin (Ancef, Kefzol) 1 gram IV to be given no more than 30 minutes prior to incision or	<input type="checkbox"/> Vancomycin 1000 mg IV one hour prior to incision (1500 mg if greater than 99 kg) Administer upon transport to OR
			<input type="checkbox"/> Vancomycin (Vancocin) 1000 mg IV no more than 60 minutes prior to incision (1500 mg if greater than 99 kg) Administer upon transport to OR • Documented reason for <ul style="list-style-type: none"> <li>▪ High Incidence of MRSA and/or</li> <li>▪ Penicillin or other beta-lactam allergy</li> <li>▪ Other documented reason</li> </ul>	<input type="checkbox"/> Clindamycin 600 mg IV to be given in OR <input type="checkbox"/> Clindamycin 900 mg IV to be given in OR

Date	Time	Colon	Approved Antibiotic	B-Lactam Allergy
			<input type="checkbox"/> Cefazolin 1-2 g IV + Metronidazole 500 mg IV to be given in OR	<input type="checkbox"/> Clindamycin 600-900 mg IV to be given in OR + Gentamicin ___ mg 30 minutes prior to incision
			<input type="checkbox"/> Cefoxitin 1 g IV x 1 to be given in OR	<input type="checkbox"/> Clindamycin 600-900 mg IV + Levofloxacin 500 mg or Ciprofloxacin 400 mg IV to be given in OR
			<input type="checkbox"/> Ampicillin/Sulbactam 3g IV to be given in OR	<input type="checkbox"/> Clindamycin 600-900 mg IV + Aztreonam 1 gm IV to be given in OR
				<input type="checkbox"/> Metronidazole 1000 mg + Aminoglycoside
				<input type="checkbox"/> Metronidazole 1000 mg + Levofloxacin 500 mg Ciprofloxacin 400 mg IV 1 hour prior to incision

Date	Time	Hysterectomy	Approved Antibiotic	B-Lactam Allergy
			<input type="checkbox"/> Cefazolin 1 g IV to be given in OR	<input type="checkbox"/> Clindamycin 600-900 mg IV to be given in OR + Gentamicin ___ mg 30 minutes prior to incision
			<input type="checkbox"/> Cefazolin 2 g IV to be given in OR	<input type="checkbox"/> Clindamycin 600-900 mg IV + Levofloxacin 500 mg or Ciprofloxacin 400 mg IV to be given in OR
			<input type="checkbox"/> Cefazolin 1 g IV to be given in OR <input type="checkbox"/> Cefazolin 2 g IV to be given in OR	<input type="checkbox"/> Clindamycin 600-900 mg IV + Aztreonam 1 gm IV to be given in OR
			<input type="checkbox"/> Ampicillin/Sulbactam 3g IV to be given in OR	<input type="checkbox"/> Metronidazole 1000 mg + Gentamicin ___ mg 30 minutes prior to incision
				<input type="checkbox"/> Metronidazole 1000 mg + Levofloxacin 500 mg Ciprofloxacin 400 mg IV 1 hour prior to incision

Physician Signature _____		Date _____	Time _____
---------------------------	--	------------	------------

Allergies & Sensitivities		Place patient label here