



Pre-Operative STANDING ORDERS GENERAL SURGERY (1 OF 2)

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|--------------------------------------|-------------|---------------|---------------------------------|-----------------------------|--------------|-----------------------------|-----------------------------|
| Date: _____ | Time: _____ | Height: _____ | <input type="checkbox"/> Inches | <input type="checkbox"/> cm | Weight _____ | <input type="checkbox"/> Kg | <input type="checkbox"/> Lb |
| Allergy/Sensitivities and reactions: | | | | | | | |

= Automatic Physician's option – check off to order
CONSENTS / REQUIRED DOCUMENTATION PRESENT ON CHART:

- Printed H&P Surgical Consent Anesthesia Consent All Ordered Laboratory and Diagnostic Testing

1. Admit to service of Dr. _____ for diagnosis of: _____

2. **LABWORK:** Make sure all Pre-Admission Testing and Day of Surgery Lab testing is complete and results are on the chart prior to surgery. Pre-admission labwork done per anesthesia protocols.

3. **DVT PROPHYLAXIS:** *Please indicate appropriate patient risk factor*

- No prophylaxis at this time;** reason _____
- LOW:** Apply pneumatic compression device bilaterally
- MODERATE:** Heparin 5,000 units subcutaneously 1 hour pre-operatively unless contraindicated
- HIGH:** Apply pneumatic compression device bilaterally **AND**
Heparin 5,000 units subcutaneously 1 hour pre-operatively unless contraindicated

Additional orders: _____

4. **ANTIBIOTIC PROPHYLAXIS:** *Administer within 60 minutes of incision*

FOR APPENDECTOMY:

- Cefazolin (Ancef[®]) 1 gram IVPB if pt weighs < 176 pounds (80kg) **OR**
- Cefazolin (Ancef[®]) 2 grams IVPB if pt weighs ≥ 176 pounds (80kg)
PLUS: Metronidazole (Flagyl) 500mg IVPB

- If Allergic** to Cefazolin (Ancef[®]) or Cephalosporins discontinue above and give:
- Clindamycin 600mg IVPB if pt weighs < 176 pounds (80kg) **OR**
- Clindamycin 900mg IVPB if pt weighs ≥ 176 pounds (80kg)
PLUS: Gentamicin 2mg/kg IVPB

| | | |
|-----------------------------------|--------------|-------------|
| Physician Signature: _____ | Pager: _____ | Date: _____ |
| Nurse Signature: _____ | | Date: _____ |
| Health Unit Clerk Signature _____ | | Date: _____ |



**Pre-Operative STANDING ORDERS
GENERAL SURGERY (2 OF 2)**

| | | | | | | | |
|--------------------------------------|-------|---------|---------------------------------|-----------------------------|--------|-----------------------------|-----------------------------|
| Date: | Time: | Height: | <input type="checkbox"/> Inches | <input type="checkbox"/> cm | Weight | <input type="checkbox"/> Kg | <input type="checkbox"/> Lb |
| Allergy/Sensitivities and reactions: | | | | | | | |

= Automatic Physician's option – check off to order
CONSENTS / REQUIRED DOCUMENTATION PRESENT ON CHART:

Printed H&P Surgical Consent Anesthesia Consent All Ordered Laboratory and Diagnostic Testing
FOR BILIARY TRACT, PANCREAS, GASTRIC OBSTRUCTION, ESOPHOGEAL RESECTION:

- Cefazolin (Ancef®) 1 gram IVPB if pt weighs < 176 pounds (80kg) **OR**
- Cefazolin (Ancef®) 2 grams IVPB if pt weighs ≥ 176 pounds (80kg)

- If Allergic** to Cefazolin (Ancef®) or Cephalosporins discontinue above and give:
 - Clindamycin 600mg IVPB if pt weighs < 176 pounds (80kg) **OR**
 - Clindamycin 900mg IVPB if pt weighs ≥ 176 pounds (80kg)
 - PLUS:** Gentamicin 2mg/kg IVPB

FOR BREAST (including reconstruction), HERNIA CASES:

- Cefazolin (Ancef®) 1 gram IVPB if pt weighs < 176 pounds (80kg) **OR**
- Cefazolin (Ancef®) 2 grams IVPB if pt weighs ≥ 176 pounds (80kg)

- If Allergic** to Cefazolin (Ancef®) or Cephalosporins discontinue above and give:
 - Clindamycin 600mg IVPB if pt weighs < 176 pounds (80kg) **OR**
 - Clindamycin 900mg IVPB if pt weighs ≥ 176 pounds (80kg)

For Other General Surgery Cases:

- Cefazolin (Ancef®) 1 gram IVPB if pt weighs < 176 pounds (80kg) **OR**
- Cefazolin (Ancef®) 2 grams IVPB if pt weighs ≥ 176 pounds (80kg)

- If Allergic** to Cefazolin (Ancef®) or Cephalosporins discontinue above and give:
 - Clindamycin 600mg IVPB if pt weighs < 176 pounds (80kg) **OR**
 - Clindamycin 900mg IVPB if pt weighs ≥ 176 pounds (80kg)

Other _____

***Please note that rationale for the use of Vancomycin must be documented.
Vancomycin is administered within 120 minutes of incision.***

| | | |
|-----------------------------|--------|-------|
| Physician Signature: | Pager: | Date: |
| Nurse Signature: | | Date: |
| Health Unit Clerk Signature | | Date: |