

THE UNIVERSITY  
OF KANSAS HOSPITAL

3901 Rainbow Boulevard  
Kansas City, Kansas 66160

**SURGICAL ANTIBIOTIC  
PROPHYLAXIS ORDER FORM**

Note: printed dosing is for non-elderly, non-pregnant adults with normal renal function.

Do Not Write In This Box



DT0017

PATIENT LABEL

▶▶▶ Preoperative Prophylaxis Antibiotic Orders – Start Here:

**NO preoperative antibiotics needed**

\*\*\*\*Note: Preoperative Antibiotics should be given ≤ 60 minutes prior to first incision

| SERVICE/PROCEDURE   | FIRST LINE   | ALTERNATIVE   |
|---|--|---|
| <input type="checkbox"/> Cardiac (CTS)  | <input type="checkbox"/> Cefazolin 1gm IV X 1 dose (80-115 kg = 2 gm)  | <input type="checkbox"/> Vancomycin 15mg/kg _____ IV x 1 dose over 1 hour   |
| <input type="checkbox"/> GI – Esophageal/Gastroduodenal/Hernia                      | <input type="checkbox"/> Cefazolin 1gm IV x1 dose (80-115 kg = 2 gm)   | <input type="checkbox"/> Clindamycin 900mg IV x 1 over 30 min.  |
| <input type="checkbox"/> GI - Biliary Tract   | <input type="checkbox"/> Cefazolin 1gm IV x1dose (80-115 kg = 2 gm)  | <input type="checkbox"/> Levofloxacin 500 mg IV x 1 over 1 hour   |
| <input type="checkbox"/> GI - Appendectomy, uncomplicated                           | <input type="checkbox"/> Cefoxitin 2 gm IV x 1dose   | <input type="checkbox"/> Metronidazole 500mg IV x 1 over 30 min<br><input type="checkbox"/> Followed by Gentamicin _____ (2mg/kg) IV x 1 dose over 30 min |
| <input type="checkbox"/> GI - Colorectal  | <input type="checkbox"/> Cefoxitin 2 gm IV x1 dose   | <input type="checkbox"/> Levofloxacin 500 mg IV x 1 over 1 hour + Clindamycin 900mg IV x 1 over 30 min  |
| <input type="checkbox"/> Gynecology   | <input type="checkbox"/> Cefazolin 1gm IV X 1 dose (80-115 kg = 2 gm)  | <input type="checkbox"/> Clindamycin 900mg IV x 1 over 30 min.  |
| <input type="checkbox"/> Head/Neck  | <input type="checkbox"/> Cefazolin 1gm IV X 1 dose (80-115 kg = 2 gm)  | <input type="checkbox"/> Clindamycin 900mg IV x 1 over 30 min.  |
| <input type="checkbox"/> Neurosurgery   | <input type="checkbox"/> Cefazolin 1gm IV x 1 dose (80-115 kg = 2 gm)  | <input type="checkbox"/> Vancomycin 15mg/kg _____ IV x 1 dose over 1 hour   |
| <input type="checkbox"/> Orthopedic   | <input type="checkbox"/> Cefazolin 1gm IV x 1 dose (80-115 kg = 2 gm)  | <input type="checkbox"/> Vancomycin 15mg/kg _____ IV x 1 dose over 1 hour   |
| <input type="checkbox"/> Urology  | <input type="checkbox"/> Cefazolin 1gm IV X 1 dose (80-115 kg = 2 gm)  | <input type="checkbox"/> Levofloxacin 500 mg IV x 1 over 1 hour   |
| <input type="checkbox"/> Urology – with Implants                                    | <input type="checkbox"/> Vancomycin 15mg/kg _____ dose over 1 hour<br><input type="checkbox"/> Followed by Gentamicin _____ (5mg/kg) in pre-op IV x 1 dose over 30-60 minutes  | <input type="checkbox"/> Levofloxacin 500 mg IV x 1 over 1 hour   |
| <input type="checkbox"/> Urology - Perc Nephrolithotomy or complicated ureteroscopy | <input type="checkbox"/> Ampicillin 1gm IV X 1 dose over 30 minutes<br><input type="checkbox"/> Followed by Gentamicin _____ (5mg/kg) in pre-op IV x 1 dose over 30-60 minutes   | <input type="checkbox"/> Levofloxacin 500 mg IV x 1 over 1 hour   |
| <input type="checkbox"/> Vascular   | <input type="checkbox"/> Cefazolin 1gm IV x 1 dose (80-115 kg = 2 gm)  | <input type="checkbox"/> Vancomycin 15mg/kg _____ IV x 1 dose over 1 hour   |
| Patient > 115 kg and receiving cefazolin  | <input type="checkbox"/> Cefazolin 20mg/kg _____ (max dose 4 gm) IV x1 dose. Doses will be rounded to the nearest 500mg. Doses >2 gm should be administered IVPB over 15 minutes. Note: Maximum daily dose is 12gm/day. Patient will not receive more than 12 gm/24 hour period (including post-operative doses) |   |

▶▶▶ Postoperative Prophylaxis Antibiotic Orders–Start Here:

Postop antibiotics NOT required for ALL procedures. Patients still held in PACU when First Dose Due should be given their first dose in PACU.

To be completed by PACU Nurse: OR Dose given: \_\_\_\_\_ (Time) Surgery Ended at: \_\_\_\_\_ (Time)

|  |                                    |                           |
|--|------------------------------------|---------------------------|
| <input type="checkbox"/> Cefazolin 1gm IV x 1 dose (>80 kg = 2 grams)                      | No dose on arrival to PACU.        | First Dose Due at: _____  |
| <input type="checkbox"/> Cefazolin 1gm IV q 8 hours x 2 doses (>80 kg = 2 grams)           | No dose on arrival to PACU.        | First Dose Due at: _____  |
| <input type="checkbox"/> Cefazolin 1gm IV q 8 hours x 3 doses (>80 kg = 2 grams)           | Give First Dose Now in PACU: _____ | Second Dose Due at: _____ |
| <input type="checkbox"/> Cefoxitin 1gm IV q 6 hours x 3 doses                              | No dose on arrival to PACU.        | First Dose Due at: _____  |
| <input type="checkbox"/> Vancomycin 1gm IV x 1 dose 12 hours after pre-op dose.            | No dose on arrival to PACU.        | First Dose Due at: _____  |
| <input type="checkbox"/> Vancomycin 15 mg/kg _____ IV x 1 dose 12 hours after pre-op dose. | No dose on arrival to PACU.        | First Dose Due at: _____  |
| <input type="checkbox"/> Continuing Antibiotics (not prophylaxis):                         |                                    |                           |

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_ Pager: \_\_\_\_\_