

HEALTHCARE

Patient Label

**Passport to the OR**

Please Print

Surgeon \_\_\_\_\_

Pre-op Nurse: \_\_\_\_\_

Criteria	Data	
<b>H&amp;P</b> 7 days prior to procedure Updated if within 8 – 30 days New H&P if > 30 days	<input type="checkbox"/> Yes	
<b>Site Marked</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Not-Applicable	
<b>Consents Signed</b> (Includes description, indication, risks, benefits, alternatives)  If patient is unable to sign, reason documented on consent form	<b>For Procedure</b>	
	Surgeon <input type="checkbox"/> Y	Anesthesia <input type="checkbox"/> Y
	Patient <input type="checkbox"/> Y	Patient <input type="checkbox"/> Y
	Surrogate <input type="checkbox"/> Y	Surrogate <input type="checkbox"/> Y
	Witness <input type="checkbox"/> Y	Witness <input type="checkbox"/> Y
<b>Pre-Op Antibiotic</b> (See Chart Below)	<input type="checkbox"/> Ordered <input type="checkbox"/> Not Indicated <input type="checkbox"/> NKA; Antibiotic to be infused by Anesthesia provider <input type="checkbox"/> Documented Severe Beta-lactam allergy*: Antibiotic to be infused by pre-op nurse <input type="checkbox"/> Orthopedic cases w/tourniquet; antibiotic to be infused prior to inflation	

Reminder – Transport this patient to the O.R. **ONLY** when all criteria above are checked.

Final pre-op checkpoint – circulating Nurse \_\_\_\_\_

Date \_\_\_\_\_

Pre-operative Antibiotic Chart					
<input type="checkbox"/> NKA-NO KNOWN ALLERGIES <input type="checkbox"/> KNOWN ALLERGIES * <b>DRUG ALLERGIES MUST BE COMPLETED BY THE PRACTITIONER</b> <input type="checkbox"/> SPECIFY DRUG (S) AND REACTION (S): _____ <input type="checkbox"/> SEVERE BETA-LACTAM ALLERGY, DOCUMENTED					
Pre-operative Antibiotic Mark drug and weight based dose Initial					
Drug	Wgt [ 100 kg	Wgt > 100 kg	Route	Frequency	Instructions/Comments
↓ No Known Allergies: Antibiotic to be infused by Anesthesiologist; IV Push over 3 – 5 minutes					
<input type="checkbox"/> Cefazolin	<input type="checkbox"/> 1 g	<input type="checkbox"/> 2 g	IV	One dose	
<input type="checkbox"/> Cefotetan	<input type="checkbox"/> 1 g	<input type="checkbox"/> 2 g	IV	One dose	
↓ Severe Beta-Lactam Allergy, documented; Antibiotic to be infused by pre-op Nurse					
<input type="checkbox"/> Clindamycin	<input type="checkbox"/> 600 mg	<input type="checkbox"/> 900 mg	IV	One dose	
<input type="checkbox"/> Vancomycin	<input type="checkbox"/> 1 g	<input type="checkbox"/> 2 g	IV	One dose	
<input type="checkbox"/> Levofloxacin	<input type="checkbox"/> 500 g	<input type="checkbox"/> 500 mg	IV	One dose	
Preoperative Antibiotic Documented by Pre-op Nurse: (Signature) or				Date/Hang Time:	
Circulating Nurse: (Signature)					
Repeat Antibiotic Dose if required (cefazolin or clindamycin only):				Date/Hang Time:	