**SURGICAL SITE INFECTION PROPHYLAXIS**  
**ADULT PRE-OPERATIVE ORDERS**

**ALLERGIES**
- **Please check the type of procedure and a corresponding regimen.**

<table>
<thead>
<tr>
<th>TYPE OF PROCEDURE</th>
<th>RECOMMENDED REGIMEN</th>
<th>ALTERNATIVE REGIMEN</th>
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</thead>
</table>
| **CARDIOTHORACIC** | □ Cefazolin 1 gm IV  | □ Vancomycin 1 gm IV  
(weight ______ kg; dose ______ mg) |
| **GASTROINTESTINAL** | □ Gastrointestinal procedures involving entry into the lumen of the GI Tract, Highly Selective Vagotomy, Nissen's Fundoplication, or Whipple's Procedure  
□ Appendectomy for Uncomplicated Appendicitis  
□ Colorectal | □ Cefazolin 1 gm IV  
□ Cefotetan 1 gm IV  
□ Cefotetan 2 gm IV  
□ Metronidazole 500 mg IV plus Gentamicin 2 mg/kg IV  
(weight ______ kg; dose ______ mg) |
| **HEAD AND NECK** | □ Clean with Placement of Prosthesis  
□ Clean-Contaminated  
□ Elective Craniotomy or CSF Shunting | □ Cefazolin 1 gm IV  
□ Cefazolin 2 gm IV plus Metronidazole 500 mg IV  
□ Cefazolin 1 gm IV  
□ Clindamycin 600 mg IV  
□ Clindamycin 600 mg IV |
| **OB / GYN** | □ Cesarean Delivery  
**Administer the first dose IMMEDIATELY AFTER CLAMPING of umbilical cord**  
□ Hysterectomy  
□ Ophthalmic | □ Cefazolin 1 gm IV  
□ Clindamycin 600 mg IV plus Gentamicin 2 mg/kg IV  
(weight ______ kg; dose ______ mg)  
□ Tobramycin Ophthalmic Solution 0.3% 2 drops before procedure |
| **ORTHOPEDIC** | □ Hip Fracture Repair, Implantation of Internal Fixation Devices, Total Joint Replacement  
□ Urologic (high-risk patients only)  
□ Vascular | □ Cefazolin 1 gm IV  
□ Gentamicin 2 mg/kg IV  
(weight ______ kg; dose ______ mg)  
□ Vancomycin 1 gm IV  
□ Vancomycin 1 gm IV plus Gentamicin 2 mg/kg IV  
(weight ______ kg; dose ______ mg) |

**TYPE OF PROCEDURE** | **REGIMEN**
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**The first dose of above IV antibiotics is to be setup pre-operatively, and is to be initiated by Anesthesiologist within 30 minutes prior to incision unless otherwise specified. An exception is Vancomycin which is to be started pre-operatively by a nursing staff 1 hour before the scheduled procedure unless otherwise specified.**

**Cefazolin (Ancef®) may be repeated every 4 hrs intraoperatively. Please write the order for INTRAOPERATIVE doses.**

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**Provider's Signature / Printed Name / PAS #**

**Date / Time**

**Stricker Number**

**Date / Time**

**Time Fixed**