

**DOWNTIME Physician Order**  
**SURG Adult Antibiotic Prophylaxis Pre-Op**

**Drug Allergies:** Review patient allergies in power chart or in the electronic medical record (EMR) prior to prescribing / administering medications.

 Faxed to Pharmacy  
 Date: \_\_\_\_\_ Init.: \_\_\_\_\_

Height \_\_\_\_\_ cm

Weight \_\_\_\_\_ kg

Select appropriate antibiotic as determined by procedure and initiate within 30-60 minutes of incision.

Repeat dosing: For procedures lasting greater than 3 hours, or greater than 1000 mL blood loss, repeat pre-op dose of Cefazolin OR Clindamycin Q 4 hours intra-operatively.

**ABDOMINAL SURGERY ANTIBIOTIC PROPHYLAXIS - ABDOMINAL: colon, colectomy, hemicolectomy, appendectomy**
**Drug of Choice**

- Cefazolin = Ancef
  - 1g, IVPB, IV Piggyback, PREOP if weight less than 80 kg
  - 2g, Injection, IV Piggyback, PREOP if weight over 80 kg

**AND**

- Metronidazole 500 mg, Injection, IV Piggyback, PREOP

**Antimicrobials**
**Beta-lactam allergy**

- Ciprofloxacin 400 mg, IVPB, IV Piggyback, PREOP

**AND**

- Metronidazole 500 mg, Injection, IV Piggyback, PREOP

**Antimicrobials If multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
 RPh to dose, comment, NONE, PREOP per SCIP Guidelines

**GYNECOLOGIC SURGERY ANTIBIOTIC PROPHYLAXIS**
**Hysterectomy (Vaginal/Abdominal), Pubovaginal Sling, Anterior/Posterior Repair**
**Drug of Choice**

- cefazolin = Ancef
  - 1 g, IVPB, IV Piggyback, PREOP - if wt less than 80 kg
  - 2 g, Injection, IV Piggyback, PREOP - if wt over 80 kg

**AND**

- metronidazole 500 mg, Injection, IV Piggyback, PREOP

**If Penicillin Allergy**

- ciprofloxacin 400 mg, Injection, IV Piggyback, PREOP

**AND**

- metronidazole 500 mg, Injection, IV Piggyback, PREOP

**Antimicrobials If multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
 RPh to dose, comment, NONE, PREOP per SCIP Guidelines

**GYNECOLOGIC SURGERY D & C ANTIBIOTIC PROPHYLAXIS**
**Suction D&C**

- doxycycline 100 mg, Injection, IV Piggyback, PREOP

**PUBOVAGINAL SLING, ANTERIOR/POSTERIOR REPAIR**

- cefazolin = Ancef
  - 1 g, IVPB, IV Piggyback, PREOP - if wt less than 80 kg
  - 2 g, Injection, IV Piggyback, PREOP - if wt over 80 kg

**If Penicillin Allergy**

- ciprofloxacin 400 mg, IVPB, IV Piggyback, PREOP

**Antimicrobials If multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
 RPh to dose, comment, NONE, PREOP per SCIP Guidelines

**GENITOURINARY PROSTATE BIOPSY SURGERY ANTIBIOTIC PROPHYLAXIS**
**Drug of Choice**

- cefazolin = Ancef
  - 1 g, IVPB, IV Piggyback, PREOP - if wt less than 80 kg
  - 2 g, Injection, IV Piggyback, PREOP - if wt over 80 kg

**If Penicillin Allergy**

- ciprofloxacin 400 mg, IVPB, IV Piggyback, PREOP

**Antimicrobials If multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
 RPh to dose, comment, NONE, PREOP per SCIP Guidelines

Physician Signature: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



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**Urology Surgery Antibiotic Prophylaxis SUBPHASE**

**Drug of Choice**

- cefazolin = Ancef
  - 1 g, IVPB, IV Piggyback, PREOP: if wt less than 80 kg
  - 2 g, IVPB, IV Piggyback, PREOP: if wt over 80 kg

**AND**

- gentamicin 80 mg, Injection, IV Piggyback, PREOP

**If Penicillin Allergy**

- clindamycin 600 mg, IVPB, IV Piggyback, PREOP

**AND**

- gentamicin 80 mg, IVPB, IV Piggyback, PREOP

**Antimicrobials – if multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
RPh to dose, comment, NONE, PREOP per SCIP Guidelines;

**GENITOURINARY PENILE PROSTHESIS SURGERY ANTIBIOTIC PROPHYLAXIS**

**Drug of Choice**

- cefazolin = Ancef
  - 1 g, IVPB, IV Piggyback, PREOP - if wt less than 80 kg
  - 2 g, Injection, IV Piggyback, PREOP - if wt over 80 kg

**AND**

- gentamicin 80 mg, Injection, IV Piggyback, PREOP

**If Penicillin Allergy**

- clindamycin 600 mg, Injection, IV Piggyback, PREOP

**AND**

- gentamicin 80 mg, Injection, IV Piggyback, PREOP

**Antimicrobials If multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
RPh to dose, comment, NONE, PREOP per SCIP Guidelines

**CARDIAC/THORACIC/VASCULAR SURGERY ANTIBIOTIC PROPHYLAXIS**

**Drug of Choice**

- cefazolin = Ancef
  - 1 g, IVPB, IV Piggyback, PREOP - if wt less than 80 kg
  - 2 g, Injection, IV Piggyback, PREOP - if wt over 80 kg

**If Penicillin Allergy**

- vancomycin 1 g, IVPB, IV Piggyback, PREOP - per IV pump, if PCN allergy, infuse over 60 minutes

**Antimicrobials If multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
RPh to dose, comment, NONE, PREOP per SCIP Guidelines

**PACEMAKER / AICD ANTIBIOTIC PROPHYLAXIS**

**Drug of Choice**

- cefazolin = Ancef
  - 1 g, IVPB, IV Piggyback, PREOP - if wt less than 80 kg
  - 2 g, Injection, IV Piggyback, PREOP - if wt over 80 kg

**If Penicillin Allergy**

- vancomycin 1 g, IVPB, IV Piggyback, PREOP - per IV pump

**Antimicrobials If multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
RPh to dose, comment, NONE, PREOP per SCIP Guidelines

Physician Signature: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



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Height \_\_\_\_\_ cm

Weight \_\_\_\_\_ kg

### **GASTRIC / BILIARY / PEG (REPLACEMENTS/REVISIONS) SURGERY ANTIBIOTIC PROPHYLAXIS**

#### **Drug of Choice**

- cefazolin = Ancef
  - 1 g, IVPB, IV Piggyback, PREOP - if wt less than 80 kg
  - 2 g, Injection, IV Piggyback, PREOP - if wt over 80 kg

#### **If Penicillin Allergy**

- vancomycin 1 g, IVPB, IV Piggyback, PREOP - per IV pump

#### **Antimicrobials If multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
RPh to dose, comment, NONE, PREOP per SCIP Guidelines

### **HEAD / NECK SURGERY ANTIBIOTIC PROPHYLAXIS**

#### **Drug of Choice**

- cefazolin = Ancef
  - 1 g, IVPB, IV Piggyback, PREOP - if wt less than 80 kg
  - 2 g, Injection, IV Piggyback, PREOP - if wt over 80 kg

#### **If Penicillin Allergy**

- clindamycin 600 mg, IVPB, IV Piggyback, PREOP

#### **Antimicrobials If multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
RPh to dose, comment, NONE, PREOP per SCIP Guidelines

### **NEURO SURGERY ANTIBIOTIC PROPHYLAXIS**

#### **Drug of Choice**

- cefazolin = Ancef
  - 1 g, IVPB, IV Piggyback, PREOP - if wt less than 80 kg
  - 2 g, Injection, IV Piggyback, PREOP - if wt over 80 kg

#### **If Penicillin Allergy**

- vancomycin 1 g IVPB, IV Piggyback, PREOP - per IV pump

#### **Antimicrobials If multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
RPh to dose, comment, NONE, PREOP per SCIP Guidelines

### **ORTHOPEDIC / PODIATRY SURGERY ANTIBIOTIC PROPHYLAXIS**

#### **Drug of Choice**

- cefazolin
  - 1 g, IVPB, IV Piggyback, PREOP - if wt less than 80 kg
  - 2 g, Injection, IV Piggyback, PREOP - if wt over 80 kg

#### **If Penicillin Allergy**

- vancomycin 1 g, IVPB, IV Piggyback, PREOP - per IV pump

#### **Antimicrobials If multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
RPh to dose, comment, NONE, PREOP per SCIP Guidelines

### **PROSTHETIC/SALINE IMPLANT/MESH/TISSUE EXPANDER SURGERY ANTIBIOTIC PROPHYLAXIS**

#### **Drug of Choice**

- cefazolin = Ancef
  - 1 g, IVPB, IV Piggyback, PREOP - if wt less than 80 kg
  - 2 g, Injection, IV Piggyback, PREOP - if wt over 80 kg

#### **If Penicillin Allergy**

- vancomycin 1 g, IVPB, IV Piggyback, PREOP - per IV pump

#### **Antimicrobials If multiple allergies**

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
RPh to dose, comment, NONE, PREOP per SCIP Guidelines

**Physician Signature:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_



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Height \_\_\_\_\_ cm

Weight \_\_\_\_\_ kg

### **MASTECTOMY / LAP CHOLECYSTECTOMY GENERAL SURGERY ANTIBIOTIC PROPHYLAXIS**

#### ***Drug of Choice***

- cefazolin = Ancef
  - 1 g, IVPB, IV Piggyback, PREOP - if wt less than 80 kg
  - 2 g, Injection, IV Piggyback, PREOP - if wt over 80 kg

#### ***If Penicillin Allergy***

- vancomycin 1 g, IVPB, IV Piggyback, PREOP - per IV pump

#### ***Antimicrobials If multiple allergies***

- PHARMACIST TO SELECT ANTIBIOTIC PER GUIDELINES & ALLERGIES  
RPh to dose, comment, NONE, PREOP per SCIP Guidelines

**Physician Signature:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

## SCIP Pre-op Antibiotics

Surgery Type	Antibiotic of choice	If PCN Allergy	3 <sup>rd</sup> choice	4 <sup>th</sup> Choice	5 <sup>th</sup> choice	6 <sup>th</sup> Choice
<b>Abdominal/GI:</b> Colon, Colectomy, Hemicolectomy, Appendectomy	Cefazolin + Metronidazole	Ciprofloxacin + Metronidazole	Ertapenem	Clindamycin + Gentamicin	Clindamycin + Ciprofloxacin	Clindamycin + Aztreonam
Gastric/Biliary/PEG, Prosthetic/saline implant, Mesh, Tissue expander	Cefazolin	Vancomycin	Clindamycin			
Lap Cholecystectomy	Cefazolin	Clindamycin + Gentamicin	Vancomycin + Gentamicin	Metronidazole + Gentamicin		
<b>Gynecologic:</b> Hysterectomy	Cefazolin + Metronidazole	Ciprofloxacin + Metronidazole	Clindamycin + Gentamicin	Clindamycin + Ciprofloxacin	Clindamycin + Aztreonam	Metronidazole + Gentamicin
Pubovaginal Sling, Anterior/Posterior Repair	Cefazolin	Ciprofloxacin	Clindamycin + Gentamicin			
Cesarean	Cefazolin	Clindamycin + Gentamicin	Vancomycin + Gentamicin			
Breast cancer procedures	Cefazolin	Vancomycin	Clindamycin			
<b>GU/Urology:</b> TURP, Nephrectomy, Lithotripsy, Penile prosthesis	Cefazolin + Gentamicin	Clindamycin + Gentamicin	Vancomycin + Gentamicin			
Prostate Biopsy	Cefazolin	Ciprofloxacin	Gentamicin			
Cystoscopy	Ciprofloxacin	TMP/SMZ PO				
<b>Cardiac/Vascular:</b> CABG, Pacemaker/AICD, LVAD, VATS	Cefazolin	Vancomycin	Clindamycin			
<b>Head/Neck*:</b> Placement of prosthesis	Cefazolin	Clindamycin				
<b>Neuro:</b> Elective craniotomy, Implantation of intrathecal pumps	Cefazolin	Vancomycin	Clindamycin			
<b>Orthopedic/Podiatry:</b> <sup>^</sup>	Cefazolin	Vancomycin	Clindamycin			

## Dosing Recommendations

Antibiotic	Dose	Comments
Cefazolin	1 g	weight less than 80 kg
	2 g	weight greater than 80 kg
Metronidazole	500 mg	
Ciprofloxacin	400 mg	
Ertapenam	1 gm	
Clindamycin	600 mg	
Gentamicin	80 mg or 5mg/kg IBW	
Aztreonam	1 gm	
Ceftriaxone	1 gm	
Vancomycin	1g or 15 mg/kg	The use of vancomycin requires MD, NP, or PA documentation: Beta lactam/PCN allergy, increased MRSA risk, MRSA infection of colonization, Valve surgery, Chronic wound care or dialysis
TMP/SMZ	800-160 mg PO	

*In patients with a history of joint replacement, the American Academy of Orthopedic Surgeons recommend “consideration” of antibiotics for all patients with total joint replacement who were undergoing any procedure with the potential to cause bacteremia and identified a high risk group of patients (immunocompromised, inflammatory arthropathy, immunosuppressed, HIV positive, previous joint infection, hemophilia, type 1 diabetes, malignancy, patients with a mega prosthesis) Antibiotics are not recommended for patients with extra synovial implants (plates, screws). Difference subspecialty organizations have different recommendations, shown below. Table adapted from J Am Board Fam Med 2016;29:500-507.*

Type of Procedure	Recommending Organization	Antibiotics Recommended?	Recommended Agent(s)
Urological	American Urologic Association	Yes, in high risk patients or procedures	FQ PO 1-2 hours preop or ampicillin + gentamicin 30-60 min preop
Gastrointestinal	American Society of Gastroenterologists/American Society of Colon and Rectal Surgeons	No	N/A
Dental	American Academy of Orthopaedic Surgeons	No <i>**Should be addressed on a patient by patient basis</i>	Cephalexin 2 g PO 1 hour preop
	American Dental Association	No	N/A
Cardiac	American Heart Association	Preoperatively for all CIEDs; not recommended before other invasive procedures or postop	Cefazolin 1 hour preop or vancomycin 2 hours preop

# Penicillin Allergy Algorithm

This form is to be completed for every patient and placed in the chart.

Label

