

McLaren Flint
GYNECOLOGY SURGERY
PRE-OPERATIVE ADMISSION ORDER SET

Surgeon _____ Date of Surgery _____
 Name of Patient _____ Date of Birth _____
 Procedure _____
 Primary Care Physician _____ Allergies _____
 Consult _____ Consult _____
 Weight (Kg) (required) _____ Height (Cm) (required) _____

- IN PRE-OP:** 2% Chlorhexidine cloths apply chin to toes (including back) *Except Mucous Membranes*
- Apply Bair Paws Gown

MEDICATIONS: Administer if not allergic

PROPHYLACTIC ANTIBIOTICS:

Preferred
Choice

- Cefazolin (KEFZOL) IVPB and Metronidazole (FLAGYL) IVPB** -- Administer within one hour of surgical incision
 If Patient weighs ≤ 80 kg, **Cefazolin (KEFZOL) 2 grams** IVPB and **Metronidazole (FLAGYL) 500 mg** IVPB
 If Patient weighs > 80 kg, **Cefazolin (KEFZOL) 3 grams** IVPB and **Metronidazole (FLAGYL) 500 mg** IVPB
 -- Redose **Cefazolin (KEFZOL) 1 grams** IVPB intraoperatively every 4 hours
 -- Redose **Metronidazole (FLAGYL) 500 mg** IVPB intraoperatively after 6 hours

ONLY IF life-threatening angioedema or anaphylaxis to cephalosporin or penicillin,

- Clindamycin (CLEOCIN) 900 mg** IVPB -- Administer within one hour of surgical incision
 --Redose **Clindamycin (CLEOCIN) 600 mg** IVPB intraoperatively after 6 hours
AND
Gentamicin 2 mg/kg IVPB -- Administer within one hour of surgical incision

OR

- Clindamycin (CLEOCIN) 900 mg** IVPB -- Administer within one hour of surgical incision
 -- Redose **Clindamycin (CLEOCIN) 600 mg** IVPB intraoperatively after 6 hours
AND
Ciprofloxacin (CIPRO) 400 mg IVPB -- Administer within one hour of surgical incision

OR

- Metronidazole (FLAGYL) 500 mg** IVPB -- Administer within one hour of surgical incision
 --Redose **Metronidazole (FLAGYL) 500 mg** IVPB intraoperatively after 6 hours
AND
Gentamicin 2 mg/kg IVPB -- Administer within one hour of surgical incision

OR

- Metronidazole (FLAGYL) 500 mg** IVPB -- Administer within one hour of surgical incision
 --Redose **Metronidazole (FLAGYL) 500 mg** IVPB intraoperatively after 6 hours
AND
Ciprofloxacin (CIPRO) 400 mg IVPB -- Administer within one hour of surgical incision

VTE PROPHYLAXIS:

- Heparin 5000 units Subcut x 1 dose @ ____ am / pm
- Enoxaparin (Lovenox) 30 mg Subcut x 1 dose @ ____ am / pm
- Enoxaparin (Lovenox) 40 mg Subcut x 1 dose @ ____ am / pm
- Apply and Turn **ON** Intermittent Pneumatic Compression (IPC) Device **PRIOR TO INDUCTION OF ANESTHESIA**

LABS DAY OF SURGERY: CBC BMP CMP PT/PTT/INR T&S _____ _____
 Urine Pregnancy Test (if less than 50 years old with intact uterus only) _____

OTHER ORDERS: _____

 Physician Signature Date (required) Time (required)

Email all orders to PAT@mclaren.org or FAX to PAT at 810-342-2353



640B

PT.
 MR./P.M.
 DR.