



* ORDERS *

PT NAME

MR #

FOR USE IN ADULT PATIENTS ONLY – Use Black or Blue Ball Point Pen – All Entries Must Be Dated and Signed

Procedure: _____ Procedure Date : _____ Weight _____ kg Allergies/reaction (see below): _____ <input type="checkbox"/> Physician override for automatic allergy interchange – Reason: _____			
True drug allergy is based on the presence of a patient response with one or more of the following signs/symptoms: respiratory difficulty, hypotension, rash, or hives. In the absence of these findings, an antibiotic of the same classification may be used for surgical prophylaxis.			
NOTE: If patient is currently receiving antimicrobial therapy for treatment of an active infection, consult the Transplant Infectious Diseases Service.			
(Mark correct procedure and drug choice)			
√	Indication	Pre-op Antimicrobial and Dose	Post-op Antimicrobial and Dose
	Liver transplant (low risk; all patients not meeting high risk criteria below)	<u>Adult</u> <input type="checkbox"/> Ampicillin/sulbactam 3 g IV x 1 dose <input type="checkbox"/> Allergy: vancomycin 1 g IV + aztreonam 2 g IV x 1 dose <u>Pediatric</u> Do not exceed adult dose. <input type="checkbox"/> Ampicillin/sulbactam 75 mg (50 mg ampicillin)/kg IV x ____kg = ____mg x 1 dose <input type="checkbox"/> Allergy: vancomycin 15 mg/kg IV x ____kg = ____mg + aztreonam 30 mg/kg IV x ____kg = ____mg x 1 dose	<u>Adult</u> <input type="checkbox"/> Ampicillin/sulbactam 3 g IV q6h x 24h <input type="checkbox"/> Allergy: vancomycin 1 g IV q12h + aztreonam 2 g IV q8h x 24h <u>Pediatric</u> Do not exceed adult dose. <input type="checkbox"/> Ampicillin/sulbactam 75 mg (50 mg ampicillin)/kg IV x ____kg = ____mg q6h x 24h <input type="checkbox"/> Allergy: vancomycin 15mg/kg IV x ____kg = ____mg q6h + aztreonam 30 mg/kg IV x ____kg = ____mg q8h x 24h
	Liver transplant (high risk) or Small Bowel transplant Considered high risk if patient meets the following criteria: re-transplant, requiring dialysis pre-transplant, surgical choledochojejunostomy, CMV+ donor/CMV- recipient	<u>Adult</u> <input type="checkbox"/> Piperacillin/tazobactam 4.5 g IV x 1 dose <input type="checkbox"/> Allergy: vancomycin 1 g IV + aztreonam 2 g IV x 1 dose <u>Pediatric</u> Do not exceed adult dose. <input type="checkbox"/> Piperacillin/tazobactam 112.5 mg (100 mg piperacillin)/kg IV x ____kg = ____mg x 1 dose <input type="checkbox"/> Allergy: vancomycin 15 mg/kg IV x ____kg = ____mg + aztreonam 30 mg/kg IV x ____kg = ____mg x 1 dose	<u>Adult</u> <input type="checkbox"/> Piperacillin/tazobactam 4.5 g IV q6h x 24h <input type="checkbox"/> Allergy: vancomycin 1 g IV q12h + aztreonam 2 g IV q8h x 24h <u>Pediatric</u> Do not exceed adult dose. <input type="checkbox"/> Piperacillin/tazobactam 112.5 mg (100 mg piperacillin)/kg IV x ____kg = ____mg q8h x 24h <input type="checkbox"/> Allergy: vancomycin 15 mg/kg IV x ____kg = ____mg q6h + aztreonam 30 mg/kg IV x ____kg = ____mg q8h x 24h
	Kidney transplant (*NOTE*: Do not adjust doses for renal dysfunction.)	<u>Adult</u> <input type="checkbox"/> Cefazolin 1 g (2g if over 80 kg) IV x 1 dose <input type="checkbox"/> Allergy: clindamycin 600 mg IV + aztreonam 2 g IV x 1 dose <u>Pediatric</u> Do not exceed adult dose. <input type="checkbox"/> Cefazolin 25 mg/kg IV x ____kg = ____mg x 1 dose <input type="checkbox"/> Allergy: clindamycin 10 mg/kg IV x ____kg = ____mg + aztreonam 30 mg/kg IV x ____kg = ____mg x 1 dose	<u>Adult</u> <input type="checkbox"/> Cefazolin 1 g (2g if over 80 kg) IV q12h x 24h <input type="checkbox"/> Allergy: clindamycin 600 mg IV + aztreonam 1 g IV q8h x 24h <u>Pediatric</u> Do not exceed adult dose. <input type="checkbox"/> Cefazolin 25 mg/kg IV x ____kg = ____mg q12h x 24h <input type="checkbox"/> Allergy: clindamycin 10 mg/kg IV x ____kg = ____mg + aztreonam 15 mg/kg IV x ____kg = ____mg q8h x 24h
	Kidney/Pancreas or Pancreas transplant (*NOTE*: Do not adjust doses for renal dysfunction.)	<u>Adult</u> <input type="checkbox"/> Cefoxitin 1 g (2g if over 80 kg) IV x 1 dose <input type="checkbox"/> Allergy: clindamycin 600 mg IV + aztreonam 2 g IV x 1 dose <u>Pediatric</u> Do not exceed adult dose. <input type="checkbox"/> Cefoxitin 30 mg/kg IV x ____kg = ____mg x 1 dose <input type="checkbox"/> Allergy: clindamycin 10 mg/kg IV x ____kg = ____mg + aztreonam 30 mg/kg IV x ____kg = ____mg x 1 dose	<u>Adult</u> <input type="checkbox"/> Cefoxitin 1 g (2g if over 80 kg) IV q12h (q6h if pancreas alone) x 24h <input type="checkbox"/> Allergy: clindamycin 600 mg IV + aztreonam 1 g (2 g if pancreas alone) IV q8h x 24h <u>Pediatric</u> Do not exceed adult dose. <input type="checkbox"/> Cefoxitin 30 mg/kg IV x ____kg = ____mg q12h (q6h if pancreas alone) x 24h <input type="checkbox"/> Allergy: clindamycin 10 mg/kg IV x ____kg = ____mg + aztreonam 15 mg/kg (30 mg/kg if pancreas alone) IV x ____kg = ____mg q8h x 24h
	Heart transplant	<u>Adult</u> <input type="checkbox"/> Cefazolin 1 g (2g if over 80 kg) IV x 1 dose <input type="checkbox"/> Allergy: vancomycin 1 g IV + aztreonam 2 g IV x 1 dose <u>Pediatric</u> Do not exceed adult dose. <input type="checkbox"/> Cefazolin 25 mg/kg IV x ____kg = ____mg x 1 dose <input type="checkbox"/> Allergy: vancomycin 15 mg/kg IV x ____kg = ____mg + aztreonam 30 mg/kg IV x ____kg = ____mg x 1 dose	<u>Adult</u> <input type="checkbox"/> Cefazolin 1 g (2g if over 80 kg) IV q8h x 24h <input type="checkbox"/> Allergy: vancomycin 1 g IV q12h + aztreonam 2 g IV q8h x 24h <u>Pediatric</u> Do not exceed adult dose. <input type="checkbox"/> Cefazolin 25 mg/kg IV x ____kg = ____mg q8h x 24h <input type="checkbox"/> Allergy: vancomycin 15mg/kg IV x ____kg = ____mg q6h + aztreonam 30 mg/kg IV x ____kg = ____mg q8h x 24h
	Other: ***Must indicate why patient does not fit into above criteria for procedure/antibiotic		

Provider Signature: _____ Provider #: _____ Date: _____ Time: _____

(over)



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<p>Pre-Operative Dosing Guidelines</p> <p><u>Antimicrobial</u> All antibiotics on form except vancomycin Vancomycin</p>	<p><u>Timeframe Prior to Incision During Which Antibiotic Must Be Given</u> 60 min 120 min</p>
<p>Intra-Operative Dosing Guidelines</p> <p><u>Antimicrobial</u> Ampicillin/sulbactam Aztreonam Cefazolin Cefoxitin Clindamycin Piperacillin/tazobactam Vancomycin</p>	<p><u>Recommended Re-dosing Interval with Normal Renal Function</u> 4 h 6 h 4 h 3 h 6 h 4 h 12 h</p>