ALASKA REGIONAL HOSPITAL

STOP SURGICAL SITE INFECTION (SSI) PREOPERATIVE ORDERS

NOTE: ☐ Only those orders checked (" √ ") will be executed.

Preadmission Assessment

Patient weight _____ KG

ALLERGIES: ☐ Penicillin ☐ Cephalosporin ☐ Gentamicin ☐ Vancomycin

RN Signature:_____ Date:_____ Time:_____

☐ Mupirocin 2% Ointment: Apply pea-sized amount of ointment topically in both nares BID x 5 days

☐ Chlorhexidine 4% Soap: Bathe patient daily x 5 days prior to surgery and the morning of surgery

1. For NEGATIVE MRSA/MSSA or POSITIVE MSSA surveillance swab results:
   (Antibiotics to be administered preoperatively within 1 hour of incision)
   Choose only ONE of the following options:

   ☐ Cefazolin 1 g *(Patients <60 kg)* IV x 1 dose
   ☐ Cefazolin 2 g *(Patients 60-120 kg)* IV x 1 dose
   ☐ Cefazolin 3 g *(Patients ≥120 kg)* IV x 1 dose

   ☐ If β-lactam or Penicillin allergy give:
   ☐ Vancomycin 15 mg/kg IV x 1 dose
   ☐ Clindamycin 900 mg IV x 1 dose
   ☐ Clindamycin 900 mg + Gentamicin 5 mg/kg (round to 10 mg) IV x 1 dose
   ☐ Clindamycin 900 mg + Aztreonam 2 g IV x 1 dose

2. For POSITIVE OR UNKNOWN MRSA surveillance swabs:
   (Antibiotics to be administered preoperatively within 1 hour of incision)

   ☐ Vancomycin 15 mg/kg IV x 1 dose
   PLUS (Choose only ONE of the following):
   ☐ Cefazolin 1 g (Patients <60 kg) IV x 1 dose
   ☐ Cefazolin 2 g *(Patients <120 kg)* IV x 1 dose
   ☐ Cefazolin 3 g *(Patients ≥120 kg)* IV x 1 dose

   ☐ If β-lactam or Penicillin allergy give:
   Gentamicin 5 mg/kg (round to 10 mg) IV x 1 dose
   **If allergic to Vancomycin call Infectious Disease physician for alternative order

Physician Signature		*Date*	*Time*
Date	*Time*	☐ T.O. ☐ V.O. Received from: _____ (*LIP)	
		Order Written, Read Back & Verified by RN: _____	

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PLACE PATIENT LABEL HERE

POS
Form: POS.SURG.15 cd 7/17

SCANNED