



fraserhealth

# Regional Pre-Printed Orders for UROLOGY - PRE-OPERATIVE



Form ID: DRDO106075A

Rev: Oct 30/14

Page: 1 of 2

DRUG & FOOD ALLERGIES

- **Mandatory**     **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

**Procedure:**     Open     MIS

- Radical Prostatectomy             Transurethral Resection Prostrate
- Nephrectomy
- Partial Nephrectomy
- NephroUreterectomy
- Radical Cystectomy:  ILEAL Conduit     Neobladder     Indiana Pouch
- Other: \_\_\_\_\_

**Diet:**

- For patient with NO bowel preparation:
  - No solid food after midnight the evening before surgery
  - Drink 3 cups (800 mL) of clear juice (apple or cranberry) on the evening before surgery
  - Drink up to 1 ½ cups (400 mL) of clear juice (apple or cranberry) 4 hours before surgery time, unless alternative time stated by anaesthesiologist.
- For patient who received bowel preparation
  - Clear fluids only after bowel prep
  - Drink 3 cups (800 mL) of clear juice (apple or cranberry) on the evening before surgery
  - Drink up to 1 ½ cups (400 mL) of clear juice (apple or cranberry) 4 hours before surgery time, unless alternative time stated by anaesthesiologist.
- Nothing by mouth after midnight:
  - Drink 3 glasses (800 mL) of clear juice (apple or cranberry) on the evening before surgery.
- No solid foods except clear fluids prior to surgery

**Bowel Preparation:**

- No bowel preparation
- Bowel preparation with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date (DD/MMM/YYYY)	Time	Prescriber Signature	Printed Name or College ID#



fraserhealth

Regional Pre-Printed Orders for

**UROLOGY - PRE-OPERATIVE**



Form ID: DRDO106075A

Rev: Oct 30/14

Page: 2 of 2

DRUG & FOOD ALLERGIES

- **Mandatory**     **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

**Antibiotics:**

Consult Fraser Health surgical prophylaxis guidelines to help select antibiotics based upon procedure.

Infusion to be completed no more than 60 minutes before skin incision; exception vancomycin (see back of page).

Check the OR slate for time.

- ceFAZolin** 2 g IV
- ceFAZolin** 3 g IV (weight greater than 120 kg)
- for patients at risk of gram negative infection give: **gentamicin** 5 mg/kg \_\_\_\_\_ mg IV. If the patient's body weight is 20% above ideal see back of page for dosing.
- ciprofloxacin** 400 mg IV (if significant renal dysfunction)
- metronidazole** 500 mg IV
- for patients with significant **penicillin / cephalosporin** allergy give: **clindamycin** 900 mg IV
- for patients with known MRSA colonization or infection give:  
**vancomycin** (15 mg/kg IV, round to closest 250 mg) \_\_\_\_\_ mg IV (see table on back of page)

**Pain Management:** Review anaesthesia orders, if no orders give the following 90 minutes pre-op with sip of water

- acetaminophen** 650 mg PO or per rectum
- naproxen**     500 mg **OR**     250 mg PO or per rectum (hold if eGFR is below 60 mL/Min)

**Venous Thromboembolism (VTE) Prophylaxis:**

- heparin** 5000 units subcutaneously:
  - to be given pre-operative
  - to be given by the anaesthesiologist after consideration of epidural

**Additional Orders:**

- Take prescribed morning medications as instructed \_\_\_\_\_ hours before hospital check-in time with clear fluids. Please see instructions from Anaesthetic Pre-Admission Clinic.

**Referrals Prior to Admission:**

- Home Health Services referral as appropriate and faxed to Home Health Office by Surgeon's office
- RN to see for Ostomy teaching and marking site

**Patient/Family Education:**

- Catheter care teaching

Date (DD/MMM/YYYY)	Time	Prescriber Signature	Printed Name or College ID#

Regional Pre-Printed Orders for  
**UROLOGY - PRE-OPERATIVE**

Back of Page 2

Total Body Weight (kg)	Pre-op Dosing for <b>VANCOMYCIN</b> (15 mg/kg rounded to the nearest 250 mg increment, not to exceed 2500 mg per dose). Check PDTM for infusion time.
42 to 58	750 mg
59 to 74	1000 mg
75 to 91	1250 mg
92 to 108	1500 mg
109 to 124	1750 mg
125 to 141	2000 mg
142 to 158	2250 mg
159 or above	2500 mg

<p><b>GENTAMICIN</b> dosing body weight (DBW) calculator: <math>\text{Dosing Body Weight (DBW)} = 0.4 (\text{ABW} - \text{IBW}) + \text{IBW}</math></p>
<p>ABW = Actual Body Weight            IBW = Ideal Body Weight            IBW (female) = 45.5 kg + (0.92 x height in cm greater than 150 cm)            IBW (male) = 50 kg + (0.92 x height in cm greater than 150 cm)</p>