



**Regional Pre-Printed Orders for
General Surgery PRE-Operative - Adult**



Form ID: DRDO106121C

Rev: Aug 14, 2017

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DRUG & FOOD ALLERGIES

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

Weight: _____ kg Height: _____ cm

Preadmission Clinic

Diet:

- No Bowel Preparation
 - No solid food after midnight, or: _____
 - Drink clear fluids up to 2 hours before leaving for hospital
 - Drink 3 cups (800 mL) of clear juice (apple or cranberry) on evening before surgery, and drink 1½ cups (400 mL) of clear juice (apple or cranberry) 2 hours before your hospital check in time, unless instructed otherwise by anesthesiologist.

- Bowel Preparation
 - Bowel prep as per surgeons instructions: _____

 - Clear fluids only starting day before surgery
 - Drink clear fluids up to 2 hours before leaving for hospital
 - Drink 3 cups (800 mL) of clear juice (apple or cranberry) on evening before surgery, and drink 1½ cups (400 mL) of clear juice (apple or cranberry) 2 hours before your hospital check in time, unless instructed otherwise by anesthesiologist.

Skin Prep:

- Patient to shower evening prior to surgery and apply skin prep as instructed

Consults:

- Enterstomal Therapist to see patient for stoma marking
- Dietitian
- Anesthesiologist

Other: _____

Labs / Diagnostics: as indicated below **OR** see OR Booking Form

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> CBC | <input type="checkbox"/> Lytes (E7) | <input type="checkbox"/> Hgb A1C if diabetic |
| <input type="checkbox"/> INR / PTT | <input type="checkbox"/> Albumin | <input type="checkbox"/> Group and Screen |
| <input type="checkbox"/> ALT / ALP / AST/ bilirubin direct and indirect | <input type="checkbox"/> CXR | <input type="checkbox"/> ECG |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |

Medications:

- Take morning prescribed medications as instructed by surgeon or as per anesthesiology before hospital check-in with clear fluids.

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



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Admit Day of Surgery / Surgical Day Care

Hydration

- Start IV of Lactated Ringer's at 100 mL/h **OR** start: _____
- Glucometer, if diabetic

Medications:

Antibiotics:

- Consult prophylaxis guidelines (see back of page)
- Administer 60 minutes or less **before** skin incision.

Weight less than 120 kg

- ceFAZolin** 2 g IV
- ceFAZolin** 2 g IV and **metronidazole** 500 mg IV

Weight greater than 120 kg

- ceFAZolin** 3 g IV
- ceFAZolin** 3 g IV and **metronidazole** 500 mg IV

For Patients with significant **penicillin / cephalosporin** allergy:

- clindamycin** 900 mg IV
- metronidazole** 500 mg IV
- gentamicin** (5 mg/kg, round to closest 20 mg) _____ mg IV. *If patient's body weight is 20% above ideal body weight gentamicin dose should be adjusted. See back of page for recommendation.*
- ciprofloxacin** 400 mg IV. *If renal dysfunction precludes use of gentamicin.*

For Patients with known MRSA colonization:

- vancomycin** (15 mg/kg IV, round to closest 250 mg) _____ mg IV, *See table on back of page, and check PDTM for infusion time.*

Analgesics: Review anaesthesia orders, if no orders give the following 90 minutes pre-op with sip of water.

- No NSAIDs**
- acetaminophen** 650 mg PO/ per rectum **OR** **acetaminophen** 1000 mg PO
- naproxen** 500 mg PO **OR** **naproxen** 250 mg PO (hold if eGFR is below 60 mL/min)
- diclofenac** 50 mg rectally (hold if eGFR is below 60 mL/min)

Venous Thromboembolism (VTE) Prophylaxis:

- Minor surgery procedures give **heparin** 5000 units subcutaneous 60 to 90 minutes pre-op
- Major surgery procedures prophylaxis to be given in OR by anesthesiologist after consideration of epidural

Additional Orders:

- Use warming device on patient to maintain temperature at or above 36° C prior to major surgery and PRN

Other: _____

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Total Body Weight (kg)	Pre-op Dosing for VANCOMYCIN (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

Patients with Ideal Body Weight greater than 20% use Dosing Body Weight calculation below.

GENTAMICIN dosing body weight (DBW) calculator: $\text{Dosing Body Weight (DBW)} = 0.4 (\text{ABW} - \text{IBW}) + \text{IBW}$

ABW = Actual Body Weight

IBW = Ideal Body Weight

IBW (female) $45.5 \text{ kg} + (0.92 \times \text{height in cm greater than } 150 \text{ cm})$

IBW (male) $50 \text{ kg} + (0.92 \times \text{height in cm greater than } 150 \text{ cm})$