PRE-ADMISSION CLINIC

DIET:
• No solid food after midnight the night before surgery. Clear fluids permitted till 4 hours before surgery time. Follow clear fluids instructions as given by anesthesiologist or Pre-Admission clinic.

LABORATORY:
• CBC, Electrolytes (CP7)
• HbA1 C
• PTT, INR
• Group and screen

INVESTIGATIONS:
• ECG
• Chest X-Ray

TREATMENTS:
• chlorhexidine gluconate 4% wash or sponges neck to toes night before surgery and am morning of surgery

CONSULTS:
• Anesthesia
• Cardiology

MEDICATIONS:
• Continue taking ASA (if presently taking)
• Take prescribed morning medications as instructed by anesthesiologist in PAC.
• Take the following morning medications with a sip of water am day of surgery:

Date (DD/MMM/YYYY) | Time | Prescriber Signature | Printed Name or College ID#
ADMIT DAY OF SURGERY/SURGICAL DAYCARE

- Glucometer if diabetic
- Start intravenous, IV solution: lactated ringer's infuse at 100 mL/h
  OR IV solution: __________________________ infuse at _________ mL/hr

PRE-OPERATIVE ANTIBIOTIC PROPHYLAXIS (please select):

- Refer to prophylaxis guidelines on back of page
- Administer 60 minutes or less before incision:
  For cefazolin and clindamycin - send to OR, to be infused in Pre-Op Hold
  For vancomycin - infuse over 60 to 90 minutes, to be completed in Admit Day Surgery Unit

☐ cefAZolin 2000 mg IV (if weight less than 120 kg)
☐ cefAZolin 3000 mg IV (if weight 120 kg or greater)
☐ clindamycin 900 mg IV
☐ vancomycin 1000 mg IV (if weight less than 80 kg) over 60 minutes
☐ vancomycin 1500 mg IV (if weight 80 kg or greater) over 90 minutes

VTE PROPHYLAXIS:

☐ Give heparin 5000 units subcutaneous to be given 60 to 90 minutes pre-op
☐ Prophylaxis to be given in OR by anesthesiologist after consideration of epidural

ANALGESIC:
Give the below analgesic, unless analgesic orders from Pre-Admission Anesthesiologist on chart or patient has taken acetaminophen in last 6 hours.
- acetaminophen 650 mg PO 2H pre-op with a sip of water
### Procedure-Based Recommendations

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Recommendation</th>
<th>Alternatives for severe cephalosporin allergy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular Surgery</td>
<td>ceFAZolin</td>
<td>clindamycin OR vancomycin</td>
</tr>
<tr>
<td>• High risk only: AAA, lower-limb bypass,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>carotid endarterectomy with vascular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prosthesis or patch implantation, lower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>limb amputation for ischemia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Dosing Recommendations

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Initial Dose</th>
<th>Intra-operative Redosing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weight &lt; 80 kg</td>
<td>Weight 80-120 kg</td>
</tr>
<tr>
<td>ceFAZolin</td>
<td>2000 mg IV</td>
<td>3000 mg IV</td>
</tr>
<tr>
<td>Clindamycin</td>
<td>900 mg IV</td>
<td></td>
</tr>
<tr>
<td>vancomycin</td>
<td>1000 mg IV</td>
<td>1500 mg IV</td>
</tr>
</tbody>
</table>

### MRSA

- Vancomycin should be considered in patients with known colonization to MRSA, particularly if:
  (a) vascular surgery with implantation of vascular prosthesis
  (b) there is an elevated incidence of MRSA surgical site infections at the institution for that group of procedures