



Regional Pre-Printed Orders for Gynecology Surgery PRE-Operative



Form ID: DRDO106895A

Rev: Sep 22, 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

Diet

- No solid food 8 hours before surgery time
- Drink 3 cups (800 mL) of clear juice (apple or cranberry) on the evening before surgery
- Drink 1.5 cups (400 mL) of clear juice (apple or cranberry) 4 hours before surgery time, unless alternative time stated by anaesthesiologist

Bowel Prep is not routinely recommended for Gynecology Surgery.

Day of Surgery

- NaCL 0.9% IV** at 125 mL/h, to start morning of surgery or as ordered by anesthesiologist

Other

- Use warming measures to maintain patient's temperature above 36°C (normothermia) prior to entry into OR
- Check blood glucose (diabetic, high BMI, age greater than 50). If greater than 10 mmol/ L notify physician
- Sequential compression stockings on and operating prior to induction of anaesthesia

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

- acetaminophen** 975 mg PO **OR** 650 mg suppository per rectum x 1 dose
- naproxen** 500 mg PO x 1 dose
- naproxen** 250 mg PO x 1 dose

Other: _____

Antibiotics:

- Check the OR slate for time
- Refer to prophylaxis guidelines on back of page (Select as appropriate from antibiotic list below)
- Administer 60 minutes or less before incision:
 - For vancomycin - infuse over 60 to 90 minutes
- ceFAZolin** 2 g IV (if weight 120 kg or less)
- ceFAZolin** 3 g IV (if weight greater than 120 kg)
- 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
- gentamicin** (5 mg/kg, round to nearest 20 mg) _____ mg IV (*see back of page for recommendation*)
- ciprofloxacin** 400 mg IV
- metroNIDAZOLE** 500 mg IV

Venous Thromboembolism (VTE) Prophylaxis:

- heparin** 5000 units subcutaneous:
 - to be given by the anaesthesiologist after consideration of neuraxial anaesthetic

Other: _____

| | | | |
|-------------------|------|----------------------|-------------------------------------|
| Date (dd/mm/yyyy) | Time | Prescriber Signature | Printed Name <u>and</u> College ID# |
|-------------------|------|----------------------|-------------------------------------|

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Procedure-Based Recommendations

| Procedure | Recommendation | Alternatives for Severe Cephalosporin Allergy |
|--|---|---|
| Hysterectomy <ul style="list-style-type: none"> Vaginal Abdominal | cefazolin: 2 g IV (if weight less than 120 kg) 3 g IV (if weight 120 kg or greater) | clindamycin + gentamicin OR clindamycin + ciprofloxacin OR ciprofloxacin + metronidazole OR gentamicin + metronidazole |
| Urogynecology procedures including mesh | cefazolin: 2 g IV (if weight less than 120 kg) 3 g IV (if weight 120 kg or greater) | clindamycin + gentamicin OR clindamycin + ciprofloxacin OR ciprofloxacin + metronidazole OR gentamicin + metronidazole |

Dosing Recommendations

| Antibiotic | Initial Dose | | | Intra-operative Redosing <i>(From initiation of pre-op dose)</i> | |
|-------------|--|------------------|----------------|---|---|
| | Weight <80kg | Weight 80-120 kg | Weight >120 kg | | |
| ceFAZolin | 2 g IV | | 3 g IV | 2 g IV q4h | OR |
| clindamycin | 900 mg IV | | | 600 mg IV q6h | Redose antibiotic if excessive blood loss (≥1500mL) |
| gentamicin | 5 mg/kg per dosing weight IV (suggested maximum dose 500 mg; round to nearest 20 mg) | | | NOT GENERALLY REQUIRED | |
| vancomycin | 1000 mg IV | 1500 mg IV | | | |

MRSA

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



**Regional Interim Medication Administration Record for
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****NOT VERIFIED by Pharmacy**
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Date: _____ **Allergies:** _____

| SCHEDULED MEDICATIONS | | Not given KEY: A=Absent HR=Heart Rate LOA=Leave NA=Not Available NPO N/V R=Refused S=Sleeping | |
|---|--|---|--|
| MEDICATION and DIRECTIONS | | ADMINISTRATION TIMES | |
| acetaminophen tab 975 mg PO 90 minutes PRE-OP with sip of water Or see alternate per rectum order on MAR | | | |
| acetaminophen supp 650 mg per rectum 90 minutes PRE-OP Or see alternate PO order on MAR | | | |
| naproxen tab 500 mg PO 90 minutes PRE-OP with sip of water | | | |
| naproxen tab 250 mg PO 90 minutes PRE-OP with sip of water | | | |
| ceFAZolin inj (if weight less than 120 kg) 2000 mg IV PRE-OP Infusion to be completed within 60 minutes of skin incision. | | | |
| ceFAZolin inj (weight greater than 120 kg) 3000 mg IV PRE-OP Infusion to be completed within 60 minutes of skin incision | | | |
| gentamicin inj (5 mg/kg) _____ mg IV PRE-OP Infusion to be completed within 60 minutes of skin incision. Round dose to closest 20 mg. | | | |
| ciprofloxacin inj 400 mg IV PRE-OP Infusion to be completed within 60 minutes of skin incision. (Avoid if significant renal dysfunction) | | | |



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Date: _____ **Allergies:** _____

| PRN MEDICATIONS | Not given KEY: A=Absent HR=Heart Rate LOA=Leave NA=Not Available NPO N/V R=Refused S=Sleeping |
|---|---|
| MEDICATION and DIRECTIONS | ADMINISTRATION TIMES |
| metronIDAZOLE inj 500 mg IV PRE-OP Infusion to be completed within 60 minutes of skin incision. | |
| clindamycin inj 900 mg IV PRE-OP Infusion to be completed within 60 minutes of skin incision. | |
| vancomycin inj 1000 mg IV PRE-OP (if weight less than 80 kg) Infusion to be completed over 60 minutes | |
| vancomycin inj 1500 mg IV PRE-OP (if weight 80 kg or greater) Infusion to be completed over 90 minutes | |
| heparin inj 5000 units subcutaneous ONCE To be given by the anaesthesiologist after consideration of neuraxial anaesthetic. | |
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