



One Medical Center Drive
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Post-Operative Orders

General Surgery

Allergies _____

Pre-op antibiotics given at _____ Intra-op antibiotics given at _____

Indication for post-operative antibiotics Prophylaxis Treatment (DX) _____

Recommended ABX

Cefotetan _____ g IV
Cefazolin _____ g IV
Metronidazole _____ mg IV

Number of Doses

X _____ Doses _____
X _____ Doses _____
X _____ Doses _____

To Be Given At

If β -lactam allergy:

Clindamycin _____ mg IV
Metronidazole _____ mg IV
Levofloxacin _____ mg IV

X _____ Doses _____
X _____ Doses _____
X _____ Doses _____

Other: _____

Foley Catheter

_____ Remove foley catheter by POD #1 (Day of Surgery is day #0)

_____ Indication to maintain foley catheter in place:

- | | |
|---|---|
| <input type="checkbox"/> Strict I&O | <input type="checkbox"/> Long Term Device/Chronic |
| <input type="checkbox"/> Perioperative | <input type="checkbox"/> Prolonged Immobilization |
| <input type="checkbox"/> Complex Perineal Wound | <input type="checkbox"/> Retention/Obstruction |
| <input type="checkbox"/> Urology Patient | |

DVT Pharmacological Prophylaxis

_____ Heparin 5000 units SQ every 8 hours. Start: Now Tomorrow at 0600

_____ Lovenox 40 mg SQ daily. Start: Now Tomorrow at 0600

Contra-indicated:

- Bleeding Liver Disease Epidural Other _____

General Surgery with a reason for not administering pharmacological prophylaxis please apply the following: SCD TEDS

Physician Signature: _____ Date: _____ Time: _____