



ASC DAY OF SURGERY ORDERS

Physician: Height / Weight / Allergies MUST be included in order to process these orders

Height: _____, Weight: _____ (Both are required fields)

Allergies (Required): _____

NURSING ORDERS

Interventions

- IV and IV fluids per anesthesia
- Other: _____

MEDICATIONS

Adult Antimicrobials

- Antibiotics are not required for this patient
- ceFAZOLin 1g IVPB On Call Infuse over 30 minutes before surgery
- ceFAZOLin 2g IVPB On Call Infuse over 30 minutes before surgery
- clindamycin 600mg IVPB On Call Infuse over 30 minutes before surgery
- clindamycin 900mg IVPB On Call Infuse over 30 minutes before surgery
- gentamicin 80mg IVPB On Call Infuse over 60 minutes before surgery
- vancomycin 1g IVPB On Call Infuse over 60 minutes before surgery
- Cipro 400mg IVPB On Call Infuse over 60 minutes before surgery
- ceFOXitin 1 g IVPB On Call Infuse over 30 minutes before surgery

Pediatric Antimicrobials

- Antibiotics are not required for this patient
- ceFAZOLin 25mg × _____ kg = _____ mg IVPB On Call Infuse over 30 minutes before surgery
- clindamycin 10mg × _____ kg = _____ mg IVPB On Call Infuse over 30 minutes before surgery
- gentamicin 2mg × _____ kg = _____ mg IVPB On Call Infuse over 60 minutes before surgery
- vancomycin 10mg × _____ kg = _____ mg IVPB On Call Infuse over 60 minutes before surgery
- Cipro 10mg × _____ kg = _____ mg IVPB On Call Infuse over 60 minutes before surgery
- ceFOXitin 30mg × _____ kg = _____ mg IVPB On Call Infuse over 30 minutes before surgery

DVT Prophylaxis

- DVT Prophylaxis is not required
- heparin 5000 Units INJ SubCutaneous On Call — OR Routine Administer 1–2 hours before surgery
- enoxaparin 40mg INJ SubCutaneous On Call — OR Routine Administer 1–2 hours before surgery

DIAGNOSTIC TESTS

- Abdomen Supine (KUB) on admission to ASC
- Other: _____

ADDITIONAL ORDERS

- Other: _____
- Other: _____
- Other: _____

Provider Signature: _____	ID#: _____	Date: _____	Time: _____
RN Signature: _____	ID#: _____	Date: _____	Time: _____