



## 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: _____