



Patient Name:

Date of Birth:

Surgeon's Name (Print Legibly):

ASC Day of Surgery Orders

Physician: Height, weight and allergies **MUST** be included in order to process these orders

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

Allergies (Required): _____

Nursing Orders

Interventions

- Communication Order: IV and IV fluids per anesthesia
- Other: _____

Medications

Adult Antimicrobials

- Antibiotics are not required for this patient
- ceFAZOLin 1 g IVPB On Call Infuse over 30 minutes before surgery
- clindamycin 600 mg IVPB On Call Infuse over 30 minutes before surgery
- clindamycin 900 mg IVPB On Call Infuse over 30 minutes before surgery
- gentamicin 80 mg IVPB On Call Infuse over 60 minutes before surgery
- vancomycin 1 g IVPB On Call Infuse over 60 minutes before surgery
- Cipro 400 mg 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 25 mg X _____ kg = _____ mg IVPB On Call Infuse over 30 minutes before surgery
- clindamycin 10 mg X _____ kg = _____ mg IVPB On Call Infuse over 30 minutes before surgery
- gentamicin 2 mg X _____ kg = _____ mg IVPB On Call Infuse over 60 minutes before surgery
- vancomycin 10 mg X _____ kg = _____ mg IVPB On Call Infuse over 60 minutes before surgery
- Cipro 10 mg X _____ kg = _____ mg IVPB On Call Infuse over 60 minutes before surgery
- ceFOXitin 30 mg X _____ 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 40 mg 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: