

UM Upper Chesapeake Health

Urology Preop DOS Orders- ADULT

Patient Name: _____

Patient DOB: _____

Page 1 of 2

(DOS= Day of Surgery)

Use of this order set is Mandatory for ALL non-emergent Urologic Procedures

= Prescriber's option *must* check off to order. and orders without checkboxes = *automatically* initiated unless crossed out

Scheduled Surgery Date: _____ Anticipated Surgery Time: _____

Hospital: HMH UCMC

Anticipated Patient Status: OP, Standard Recovery < 2 hrs OP, Extended Recovery ≥ 2hrs/OP Requiring Bed
 Admit as Inpatient

Ht: _____ Wt: _____ kg (only list weight in kg)

ALLERGIES: Refer to the Meditech Allergy screen for complete, authenticated list prior to administering any drugs.

PREOPERATIVE SURGICAL SITE SKIN PREPARATION, per Protocol:

- Inpatients must receive CHG bath/shower on the evening prior to surgical procedure. This process shall be repeated in AM on day of surgery.
- Patients shall receive a CHG cloth to the surgical site area completed in Preoperative area.
- Emergency Department patients awaiting surgical consults shall receive CHG cloths to surgical site per protocol.

DOS Labs: BMP CBC H&H PT/INR T&S T&CM X _____ units Urine HCG (Qual)

Other Labs: _____

IVF: Start IV 30 mL/hr preoperatively, per Anesthesia, with: LR NS 0.45NS

Insert **urinary catheter** (to be placed intraoperatively); Reason for insertion: Urologic/GU Surgery/Bladder Injury; and Opt-Out: Nurse Discontinuation Protocol

Graduated Compression Stockings (TED's), for compression purposes: Knee-high Thigh-high
Limb(s): Bilateral Right only Left only

Medication Orders: (antibiotics on page 2)

- albuterol unit dose 2.5 mg in 3 mL via Nebulizer times 1 dose
- Other orders: _____

Intervention: VTE Prophylaxis

Criteria: VTE prophylaxis should be ordered & administered within 24 hours pre/post-surgery

VTE Prophylaxis:

Mechanical: Size: Knee-high Thigh-high Limb(s): Bilateral Right only Left only
 Sequential Compression Devices (SCD's), to be placed intraoperatively

Pharmacologic: (To be administered by anesthesiologist)

- heparin 5000 units SQ injection times 1 dose prior to incision
(Indicated for patients with BMI greater than 35, if indicated for surgical procedure)

Intervention: Beta Blocker

Criteria: Patients on beta blockers should receive beta blocker during perioperative period

Preoperative Beta Blocker Therapy: Recommended ONLY for patients already taking beta blockers

REVIEW HOME MEDICATION RECONCILIATION PRIOR TO ORDERING BETA BLOCKER THERAPY

- If patient was on beta blocker prior to Admission and AM dose has not been administered, contact Anesthesia provider STAT for preop order, as appropriate

Intervention: Preoperative Antibiotic ---- ADULT patients only (see next page for Antibiotic orders)

Criteria: GIVE PREOP ANTIBIOTIC TIMES 1 DOSE, WITHIN 0-60 MIN OF INCISION, EXCEPT VANCO.
 BEGIN PREOP VANCOMYCIN WITHIN 90 MIN PRIOR TO EXPECTED INCISION TIME.

Criteria: Vancomycin orders must include appropriate criteria for use. Order in Vancomycin Section of table

Criteria: Prophylactic antibiotic must meet recommendations appropriate to surgical procedure

(NOTE: Anesthesia Provider will administer all antibiotics except vancomycin which will be initiated by the nurse)

Reference: Bratzler DW, Patchen-Dellinger, E., et al. (2013, Feb). ASHP Report: Clinical practice guidelines for antimicrobial prophylaxis in surgery. *AM J Health -Syst Pharm.* 70, 195-283 & AUA (2013, May) Urologic Surgery Antimicrobial Prophylaxis.

Authorized Prescriber Signature: _____ Date: _____ Time: _____

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SURGICAL PROCEDURE	ANTIBIOTIC ORDERS	Alternate, if BETA LACTAM ALLERGY
UROLOGY PROCEDURES ENTERING URINARY TRACT (EXCLUDING PROCEDURES BELOW)	(Must select appropriate weight-based dose): <input type="checkbox"/> ceFAZolin IV 2 gm times 1 dose preop (less than 120 kg) -or- <input type="checkbox"/> ceFAZolin IV 3 gm times 1 dose preop (120 kg or greater)	<input type="checkbox"/> clindamycin 900 mg IV times 1 dose preop
PENILE PROSTHESIS	Dual regimen: Select option 1 or option 2 <input type="checkbox"/> Option 1: (Select if CrCl 40mL/min or greater): (Must select appropriate weight-based dose): <input type="checkbox"/> ceFAZolin IV 2 gm times 1 dose preop (less than 120 kg) (plus gentamicin order below) <input type="checkbox"/> ceFAZolin IV 3 gm times 1 dose preop (120 kg or greater) PLUS gentamicin IV times 1 dose preop, using IBW or Adjusted weight for dosing 200mg → 60kg or less 300mg → 61-79kg 400mg → 80kg or more <input type="checkbox"/> Option 2: (Select if CrCl is LESS THAN 40mL/min) (Must select appropriate weight-based dose): <input type="checkbox"/> ceFAZolin IV 2 gm times 1 dose preop (less than 120 kg) PLUS aztreonam 2 gm IV times 1 dose preop <input type="checkbox"/> ceFAZolin IV 3 gm times 1 dose preop (120 kg or greater) PLUS aztreonam 2 gm IV times 1 dose preop	Dual regimen: Select option 1 or option 2 <input type="checkbox"/> Option 1: (Select if CrCl 40mL/min or greater): clindamycin 900mg IV times 1 dose preop PLUS gentamicin IV times 1 dose preop, using IBW or Adjusted weight for dosing 200mg → 60kg or less 300mg → 61-79kg 400mg → 80kg or more <input type="checkbox"/> Option 2: (Select if CrCl is LESS THAN 40mL/min) clindamycin 900mg IV times 1 dose preop PLUS aztreonam 2 gm IV times 1 dose preop
UROLOGY PROCEDURE INVOLVING INTESTINE	Dual regimen: (Select appropriate weight based dose) <input type="checkbox"/> CeFAZolin 2 gm IV times 1 dose preop (less than 120 kg) PLUS metronidazole (Flagyl) 500 mg IV times 1 dose preop <input type="checkbox"/> CeFAZolin 3 gm IV times 1 dose preop (120 kg or greater) PLUS metronidazole (Flagyl) 500 mg IV times 1 dose preop	Dual regimen: Select option 1 or option 2 <input type="checkbox"/> Option 1: (Select if CrCl 40mL/min or greater): metronidazole 500mg IV times 1 dose preop PLUS gentamicin IV times 1 dose preop, using IBW or Adjusted weight for dosing 200mg → 60kg or less 300mg → 61-79kg 400mg → 80kg or more <input type="checkbox"/> Option 2: (Select if CrCl is LESS THAN 40mL/min) metronidazole 500mg IV times 1 dose preop PLUS aztreonam 2 gm IV times 1-dose preop
URETERO-SCOPY, PROSTATE BIOPSY	<input type="checkbox"/> ceFAZolin IV 2 gm times 1 dose preop (wt less than 120 kg) <input type="checkbox"/> ceFAZolin IV 3 gm times 1 dose preop (wt 120 kg or greater) -Or- (option for Prostate Bx only): Gentamicin (Premixed bag) IV times 1 dose preop, <input type="checkbox"/> 80 mg <input type="checkbox"/> 100 mg <input type="checkbox"/> 120 mg	<input type="checkbox"/> levofloxacin 500 mg IV times 1 dose
Vancomycin Criteria For Use & Orders (infuse over 120 min): Vancomycin IV <input type="checkbox"/> 1 gm or <input type="checkbox"/> 1.5 gm (80 kg or greater) times 1 dose preop Reason: <input checked="" type="checkbox"/> Surgical Prophylaxis (with Allergy to BOTH Beta-lactam AND Clindamycin) <input type="checkbox"/> MRSA, Known or Suspected <input type="checkbox"/> Chronic wound care or dialysis		Abx Guidelines for Vanco: Based upon operative site environment- If Gram positive only: <u>Substitute</u> abx to Vanco only If Gram negative or a mix: <u>Add</u> Vanc to suggested abx regimen

Authorized Prescriber Signature: _____ Date _____ Time _____