



One Medical Center Drive
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Pre-Operative Orders Obstetrics/Gynecology

Diagnosis	Allergies
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- | | | | |
|-------------------------------------|--|---|---|
| <input type="checkbox"/> CBC | <input type="checkbox"/> Chem Profile | <input type="checkbox"/> CEA | <input type="checkbox"/> T/S |
| <input type="checkbox"/> EKG | <input type="checkbox"/> CXR | <input type="checkbox"/> Coag Panel | <input type="checkbox"/> T/C - #___units |
| <input type="checkbox"/> LYLES | <input type="checkbox"/> U/A | <input type="checkbox"/> Incentive Spirometer | <input type="checkbox"/> Autologous Blood #___units |
| <input type="checkbox"/> BUN | <input type="checkbox"/> U/A – C&S | | <input type="checkbox"/> Pulse Ox |
| <input type="checkbox"/> Creatinine | <input type="checkbox"/> HCG ___urine ___serum | | <input type="checkbox"/> ABG |

Day Of Surgery – Fingerstick CBC Coag Panel EKG Other: _____
 HCG - urine (if cannot void, do serum)

Ketorolac - to be given by anesthesia: 30mg IV

Other: _____

DVT Prophylaxis: Heparin 5000 units SC given in Holding Area
 SCD's applied in OR TED's ___thigh ___knee

Procedure	Recommended Antibiotic
Abdominal Hysterectomy Lap Assisted Hysterectomy Vaginal Hysterectomy	<input type="checkbox"/> Cefazolin___IV or <input type="checkbox"/> Cefotetan ___IV or <input type="checkbox"/> Cefoxitin___IV or <input type="checkbox"/> Cefuroxime___IV or <input type="checkbox"/> Ampicillin/Sulbactam___IV If Penicillin allergy: <input type="checkbox"/> Allergy noted – OK to give Cefazolin <input type="checkbox"/> Clindamycin ___IV and <input type="checkbox"/> Gentamicin ___IV or <input type="checkbox"/> Clindamycin ___IV and <input type="checkbox"/> Levofloxacin___IV or <input type="checkbox"/> Clindamycin ___IV and <input type="checkbox"/> Aztreonam ___IV or <input type="checkbox"/> Metronidazole ___IV and <input type="checkbox"/> Gentamicin ___IV or <input type="checkbox"/> Metronidazole ___IV and <input type="checkbox"/> Levofloxacin___IV
Synthetic Pubovaginal Sling or Routine GYN	<input type="checkbox"/> Cefazolin___IV or <input type="checkbox"/> Cefuroxime___IV or <input type="checkbox"/> Cefotetan___IV or <input type="checkbox"/> Cefoxitin___IV or <input type="checkbox"/> Ampicillin/Sulbactam ___IV or <input type="checkbox"/> Levofloxacin___IV If Penicillin allergy: <input type="checkbox"/> Allergy noted – OK to give Cefazolin___IV <input type="checkbox"/> Gentamicin___IV and <input type="checkbox"/> Clindamycin___IV or <input type="checkbox"/> Gentamicin___IV and <input type="checkbox"/> Metronidazole___IV or <input type="checkbox"/> Aztreonam___IV and <input type="checkbox"/> Clindamycin___IV or <input type="checkbox"/> Aztreonam___IV and <input type="checkbox"/> Metronidazole___IV
C-Section	<input type="checkbox"/> Cefazolin___IV If Penicillin allergy: <input type="checkbox"/> Allergy noted – OK to give Cefazolin___IV <input type="checkbox"/> Clindamycin___IV