



PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_  
SURGICAL PROCEDURE: \_\_\_\_\_ CPT CODE: \_\_\_\_\_  
Admitting Diagnosis: \_\_\_\_\_ DX CODE: \_\_\_\_\_  
Primary/Referring M.D.: \_\_\_\_\_ Cardiologist: \_\_\_\_\_

Anesthesia:  General  Regional  MAC  Local  Discussed with patient

Your surgery has been scheduled for \_\_\_\_\_  
at Dominican Hospital. Please report to the **ADMITTING OFFICE 48-72 HOURS BEFORE** the above date between  
the hours of 8:00 a.m. - 6:00 p.m. Please bring all insurance information, MediCare card, MediCal card, and a copy of any  
Advance Directive (Living Will, Durable Power of Attorney, etc) with you.

Please allow ample time for registration and collection of necessary tests. Prehospital testing ensures that results are  
available for your surgeon and anesthesiologists.

Some tests require fasting – Please call Lab or X-ray for verification and appointment. (LAB 462-7714: X-RAY 462-7716)

**PRESURGICAL ORDERS**

**X-RAY**

P A & Lateral Chest/OTHER: \_\_\_\_\_

**CARDIOPULMONARY**

E.K.G. Echo \_\_\_\_\_ Cardiac Cath \_\_\_\_\_ Cardiologist: \_\_\_\_\_  
 Pulmonary Function pre-op screening (must be done 72 hours prior to surgery).  
 Test previously performed at \_\_\_\_\_  
(Please have results delivered to Admitting 48 hours prior to admission date.)

**LABORATORY**

CBC  Urinalysis  HCG, Qualitative  Comprehensive Panel (Lytes, BUN, Creatinine, Glucose, Calcium, T. Protein, Albumin, ALT, T. Bilirubin, Alkaline Phosphatase, AST.)  
 BCP  PT (Protime)  Electrolytes  Basic Metabolic Panel (Lytes, BUN, Creatinine, Glucose, Ca )  
 Sed Rate  PTT  Renal Panel (Lytes, BUN, Creatinine, Glucose, Calcium, Albumin, Phos.)  
 Other \_\_\_\_\_  Liver Panel (Alb, T. Bill, D. Bill, Alk Phos, AST, ALT, TP)  
 Tests were previously performed at \_\_\_\_\_

(Please have the results delivered to Admitting 48 hours prior to admission. Hold Clot, Type & Screen with or  
without crossmatch must be performed at Dominican.)

Consent for Blood Transfusion **REQUIRED** for Hold Clot and or Type & Screen

Hold Clot  Type & Screen:  #Packed Units (shelf) \_\_\_\_\_  #Autologous Units\* \_\_\_\_\_  #Direct Donor Units\* \_\_\_\_\_  
\*contact lab for further information

**CONSENT FOR BLOOD TRANSFUSION**

Your signature below indicates that: (1) you have received a copy of the brochure, *If You Need Blood: A Patient's Guide to Blood Transfusions*, (2) you have received information concerning the risks and benefits of blood transfusion and of any alternative therapies, (3) you have had the opportunity to discuss this matter with your physician, including predonation, and (4) subject to any special instructions listed below, you consent to such blood transfusions as your physician may order in connection with the operation or procedure described in this consent form.

Special Instructions: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
Patient/parent/conservator/guardian

If signed by other than patient, indicate relationship: \_\_\_\_\_ Witness: \_\_\_\_\_

**OTHER ADMISSION ORDERS**

Have patient/nurse draw "YES" at surgical site: \_\_\_\_\_  
(site-left, right)

IV Order \_\_\_\_\_ Prep \_\_\_\_\_ WT \_\_\_\_\_ HT \_\_\_\_\_  TED Hose

Pre-op Medication \_\_\_\_\_  On call to OR

**OTHER ORDERS**

Insurance required Authorization secured:  Yes  No \_\_\_\_\_  
AUTHORIZATION NUMBER \_\_\_\_\_ NUMBER OF DAYS \_\_\_\_\_

I have received informed consent form the patient to proceed with transfusion and have met the requirements of the Paul Gann Blood Safety Act.

# DOMINICAN HOSPITAL ANTIBIOGRAM 2002-2003

## ALL ANTIBIOTICS ARE GIVEN 30 MINUTES BEFORE INCISION

For Selected Infections Requiring Hospitalization †

| HOSPITAL INFECTION                     | FIRST CHOICE  | ALTERNATIVE  |
|--|---|--|
| Community-Acquired Pneumonia (non-ICU) | Levofloxacin 500mg PO/IV Q24H   | Ceftriaxone 1gm IV Q24H + Azithromycin 500mg PO QD                               |
| Aspiration Pneumonia                   | Above + Metronidazole 500mg Q8H   | Above + Metronidazole PO/IV PO/IV 500mg Q8H                                      |
| Hospital-Acquired Pneumonia            | Zosyn 3.375Gms IV Q6-8H + Gentamicin (per protocol)                           | Levofloxacin 500mg PO/IV Q24H + Tobramycin (protocol)                            |
| Suspected Pseudomonas Infection        | Zosyn 3.375Gms IV Q4-6H + Tobramycin (per protocol)                           | Ceftazidime 1Gm IV Q8H + Tobramycin (per protocol)                               |
| Sepsis of Unknown Etiology             | Zosyn 4.5Gms IV Q8H + Gentamicin (per protocol)                               | Ceftriaxone 2 Gms IV Q24H + Gentamicin (per protocol)                            |
| Neutopenic Fever                       | Zosyn 4.5Gms IV Q8H + Gentamicin (per protocol)                               | Ciprofloxacin 500-750mg PO (400mg IV) Q12H + Gentamicin (per protocol)           |
| Urinary Tract Infection                | Ceftriaxone 1Gm IV Q24H   | Levofloxacin 500mg PO Q24H   |
| Cholecystitis                          | Zosyn 3.375Gms IV Q8H + Gentamicin (per protocol)                             | Metronidazole 500mg PO/IV + Gentamicin (per protocol)                            |
| Intra-Abdominal                        | Zosyn 3.375Gms IV Q8H + Gentamicin (per protocol)                             | Ceftriaxone 1Gm IV Q24H + Metronidazole 500mg IV Q8H + Gentamicin (per protocol) |
| Endocarditis                           | Nafcillin 2Gms IV Q4H + Gentamicin 1mg/kg/Q8H                                 | Vancomycin 15mg/kg/Q12H + Gentamicin 1mg/kg/Q8H                                  |
| Meningitis (Adults)                    | Ceftriaxone 2Gms IV Q12H + Ampicillin 2Gms IV Q4H + Vancomycin 25mg/kg/Q12H   | Infectious Disease Consult   |
| Meningitis (Peds/Neonate)              | Ceftriaxone 100mg/kg Q12H + Ampicillin 100mg/kg Q6H + Vancomycin 10mg/kg Q12H | Pediatric Consult  |
| Pelvic Inflammatory Disease            | Levofloxacin 500mg PO/IV Q24H + Metronidazole 500mg IV/PO Q8H                 | Ceftriaxone 1Gm IV Q24H + Doxycycline 100mg PO 12H or Clindamycin 600mg IV Q8H   |

† Modifications to above regimens may be required by physician based on final C & S results.

### Antibiotic Surgical Prophylaxis Guidelines

| Procedure                     | Antibiotic Regimen  |
|-------------------------------|---|
| Appendectomy (non-perforated) | Cefazolin 1-2gms x 1 dose + Metronidazole 500mg x 1 dose 30min pre-op   |
| Biliary Tract (high-risk)     | Cefazolin 1-2gms x 1 dose pre-op  |
| Cardiothoracic                | CABG: Cefazolin 1-2gms x 1 dose 30min pre-op then q8h until chest tube removed. Pacemaker: Cefazolin 1-2gms x 1 dose 30min pre-op                                 |
| Colorectal                    | Neomycin/Erythromycin 1gm each x 3 doses day before surgery (Condon Prep) or Cefazolin 1-2gms+ Metronidazole 500mg IV x 1 dose each 30min pre-op                  |
| Thoracic                      | Cefazolin 1-2 gms IV x 1 dose 30min pre-op  |
| Gastroduodenal                | Cefazolin 1-2 gms IV x 1 dose 30min pre-op  |
| Gynecological                 | Abdominal or Vaginal Hysterectomy: Cefazolin 1-2 gms IV x 1 dose +/- Metronidazole 500mg IV x 1 30min pre-op. Cesarean Section: Cefazolin 1gm after cord clamping |
| Head and Neck                 | Cefazolin 2gms IV x 1 dose or Clindamycin 600mg IV x 1 dose + Gentamicin 2mg/kg x 1 30min pre-op  |
| Neurosurgical                 | Cefazolin 2gms IV x 1 dose or Vancomycin 1gm x 1 dose 30min preop   |
| Orthopedic                    | TJR and Fx: Cefazolin 1gm IV 30min preop x 1 dose followed by q8h x 3 doses. Revision: Based on C&S.  |
| Trauma Ruptured Viscus        | Cefazolin 1-2gms IV q8h + Metronidazole 500mg IV q8h +/- Gentamicin 5mg/kg/day  |
| Urological (high-risk)        | Sterile preop urine: None. Prolonged catheterization or culture sensitivity unknown: Septra DS 1 tab or Levofloxacin 500mg PO x 1 dose.                           |
| Vascular                      | Cefazolin 1-2gms IV x 1 dose 30min preop followed by q8h x 3 doses post-op.   |

Note: Vancomycin is an alternative agent to cefazolin and is reserved for patients with known anaphylactic allergy to cephalosporins or penicillins. Vancomycin is reserved for severe infections with appropriate culture and sensitivity data or ID consult (CDC recom).

### GUIDELINE FOR PRE-OPERATIVE TESTING

| Pre-operative Condition      | HGB |   | WBC | PT/PTT | PLT/BT | Elect | Creat/BUN | Blood Glucose | SGOT/Alk PTase | X-ray | ECG | Preg | T/S |
|------------------------------|-----|---|-----|--------|--------|-------|-----------|---------------|----------------|-------|-----|------|-----|
|                              | M   | F |     |        |        |       |           |               |                |       |     |      |     |
| Procedure with blood loss    | X   | X |     |        |        |       |           |               |                |       |     |      | X   |
| Procedure without blood loss |     |   |     |        |        |       |           |               |                |       |     |      |     |
| Neonates                     | X   | X |     |        |        |       |           |               |                |       |     |      |     |
| Age < 40                     |     | X |     |        |        |       |           |               |                |       |     |      |     |
| Age 40-49                    |     | X |     |        |        |       |           |               |                |       | m   |      |     |
| Age 50-64                    | X   | X |     |        |        |       |           |               |                |       | X   |      |     |
| Age >=65                     | X   | X |     |        |        |       |           |               |                | ±     | X   |      |     |
| Cardiovascular disease       |     |   |     |        |        |       | X         | --            |                | X     | X   |      |     |
| Pulmonary disease            |     |   |     |        |        |       |           |               |                | X     | X   |      |     |
| Malignancy                   | X   | X | •   | •      |        |       |           |               |                | X     |     |      |     |
| Radiation therapy            |     |   | X   |        |        |       |           |               |                | X     | X   |      |     |
| Hepatic disease              |     |   |     | X      |        |       |           |               | X              |       |     |      |     |
| Exposure to hepatitis        |     |   |     |        |        |       |           |               | X              |       |     |      |     |
| Renal disease                | X   | X |     |        |        | X     | X         |               |                |       |     |      |     |
| Bleeding disorder            |     |   |     | X      | X      |       |           |               |                |       |     |      |     |
| Diabetes                     |     |   |     |        |        | X     | X         | X             |                |       | X   |      |     |
| Smoking >= 20 pack/yr.       | X   | X |     |        |        |       |           |               |                | X     |     |      |     |
| Possible pregnancy           |     |   |     |        |        |       |           |               |                |       |     | X    |     |
| Diuretic                     |     |   |     |        |        | X     | X         |               |                |       |     |      |     |
| Diogoxin use                 |     |   |     |        |        | X     | X         |               |                |       | X   |      |     |
| Steroid use                  |     |   |     |        |        | X     |           | X             |                |       |     |      |     |
| Anticoagulant use            | X   | X |     | X      |        |       |           |               |                |       |     |      |     |
| CNS disease                  |     |   | X   |        |        | X     | X         | X             |                |       | X   |      |     |