

Procedure: \_\_\_\_\_ Procedure Date : \_\_\_\_\_  
 Weight \_\_\_\_\_ kg Allergies/reaction (see below): \_\_\_\_\_  
 Physician override for automatic allergy interchange – Reason: \_\_\_\_\_

True drug allergy is based on the presence of a patient response with one or more of the following signs/symptoms: respiratory difficulty, hypotension, rash, or hives. In the absence of these findings, an antibiotic of the same classification may be used for surgical prophylaxis.

**NOTE: If patient is currently receiving antimicrobial therapy for treatment of an active infection, consult the Transplant Infectious Diseases Service.**

**DO NOT EXCEED ADULT DOSE WITH ANY DRUG**

(Mark correct procedure and drug choice)

√	Indication	Pre-op Antimicrobial and Dose	Post-op Antimicrobial and Dose
	<b>Liver transplant</b> (low risk; all patients not meeting high risk criteria below)	<input type="checkbox"/> Ampicillin/sulbactam 50 mg /kg IV x _____kg = _____mg x 1 dose (dose based on ampicillin component) <input type="checkbox"/> Allergy: vancomycin 15 mg/kg IV x _____kg = _____mg + aztreonam 30 mg/kg IV x _____kg = _____mg x 1 dose	<input type="checkbox"/> Ampicillin/sulbactam 50 mg /kg IV x _____kg = _____mg q6h x 24h (dose based on ampicillin component) <input type="checkbox"/> Allergy: vancomycin 15mg/kg IV x _____kg = _____mg q6h + aztreonam 30 mg/kg IV x _____kg = _____mg q8h x 24h
	<b>Liver transplant (high risk) or Small Bowel transplant</b> Considered high risk if patient meets the following criteria: re-transplant, requiring dialysis pre-transplant, CMV+ donor/CMV-recipient, surgical choledochojejunostomy,	<input type="checkbox"/> Piperacillin/tazobactam 100 mg kg IV x _____kg = _____mg x 1 dose over 30 minutes (dose based on piperacillin component) <input type="checkbox"/> Allergy: vancomycin 15 mg/kg IV x _____kg = _____mg + aztreonam 30 mg/kg IV x _____kg = _____mg x 1 dose	<input type="checkbox"/> Piperacillin/tazobactam 100 mg kg IV x _____kg = _____mg (over 4 hours) x 24h (dose based on piperacillin component) <input type="checkbox"/> >40kg = q8h    € <40kg = q6h <input type="checkbox"/> Allergy: vancomycin 15 mg/kg IV x _____kg = _____mg q6h + aztreonam 30 mg/kg IV x _____kg = _____mg q8h x 24h
	<b>Kidney transplant (*NOTE*: Do not adjust doses for renal dysfunction.)</b>	<input type="checkbox"/> Cefazolin 25 mg/kg IV x _____kg = _____mg x 1 dose <input type="checkbox"/> Allergy: clindamycin 10 mg/kg IV x _____kg = _____mg + aztreonam 30 mg/kg IV x _____kg = _____mg x 1 dose	<input type="checkbox"/> Cefazolin 25 mg/kg IV x _____kg = _____mg q12h x 24h <input type="checkbox"/> Allergy: clindamycin 10 mg/kg IV x _____kg = _____mg q8h + aztreonam 15 mg/kg IV x _____kg = _____mg q8h x 24h
	<b>Kidney transplant (*NOTE*: Do not adjust doses for renal dysfunction.)</b>	<input type="checkbox"/> Cefoxitin 30 mg/kg IV x _____kg = _____mg x 1 dose <input type="checkbox"/> Allergy: clindamycin 10 mg/kg IV x _____kg = _____mg + aztreonam 30 mg/kg IV x _____kg = _____mg x 1 dose	<input type="checkbox"/> Cefoxitin 30 mg/kg IV x _____kg = _____mg q12h x 24h <input type="checkbox"/> Allergy: clindamycin 10 mg/kg IV x _____kg = _____mg 8qh + aztreonam 15 mg/kg IV x _____kg = _____mg q8h x 24h
	<b>Pancreas transplant</b>	<input type="checkbox"/> Cefoxitin 30 mg/kg IV x _____kg = _____mg x 1 dose <input type="checkbox"/> Allergy: clindamycin 10 mg/kg IV x _____kg = _____mg + aztreonam 30 mg/kg IV x _____kg = _____mg x 1 dose	<input type="checkbox"/> Cefoxitin 30 mg/kg IV x _____kg = _____mg q6h x 24h <input type="checkbox"/> Allergy: clindamycin 10 mg/kg IV x _____kg = _____mg q8h + aztreonam 30 mg/kg IV x _____kg = _____mg q8h x 24h
	<b>Heart transplant</b>  <b>Ventricular Assist Device (LVAD/RVAD/BIVAD) or Heart Transplant in patient with VAD</b>	<input type="checkbox"/> Cefazolin 25 mg/kg IV x _____kg = _____mg x 1 dose <input type="checkbox"/> Allergy: vancomycin 15 mg/kg IV x _____kg = _____mg + aztreonam 30 mg/kg IV x _____kg = _____mg x 1 dose  <input type="checkbox"/> Vancomycin 15mg/kg IV x _____kg = _____mg + aztreonam 30 mg/kg IV x _____kg = _____mg x 1 dose	<input type="checkbox"/> Cefazolin 25 mg/kg IV x _____kg = _____mg q8h x 24h <input type="checkbox"/> Allergy: vancomycin 15mg/kg IV x _____kg = _____mg q6h + aztreonam 30 mg/kg IV x _____kg = _____mg q8h x 24h  <input type="checkbox"/> Vancomycin 15mg/kg IV x _____kg = _____mg q6h + aztreonam 30 mg/kg IV x _____kg = _____mg q8h x 48h
	<b>Other:</b> <b>**Must indicate why patient does not fit into above criteria for procedure/antibiotic</b>		

Provider Signature: \_\_\_\_\_ Provider #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

<p><b>Pre-Operative Dosing Guidelines</b></p> <p><u>Antimicrobial</u>  All antibiotics on form except vancomycin  Vancomycin</p>	<p><u>Timeframe Prior to Incision During Which Antibiotic Must Be Given</u>  60 min  120 min</p>
<p><b>Intra-Operative Dosing Guidelines</b></p> <p><u>Antimicrobial</u>  Ampicillin/sulbactam  Aztreonam  Cefazolin  Cefoxitin  Clindamycin  Piperacillin/tazobactam  Vancomycin</p>	<p><u>Recommended Re-dosing Interval with Normal Renal Function</u>  4 h  6 h  4 h  3 h  6 h  4 h  12 h</p>
<p><b>Pediatric Dosing Guidelines</b></p> <p><u>Antimicrobial</u>  Ampicillin/sulbactam  Aztreonam  Cefazolin  Cefoxitin  Clindamycin  Piperacillin/tazobactam  Vancomycin</p>	<p><u>Maximum Pediatric Dose</u>  3 g ampicillin/sulbactam (2 g ampicillin)  2 g  2 g  2 g  900 mg  4.5 g piperacillin/tazobactam (4 g piperacillin)  1 g</p>