

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.**

(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 3 g IV x 1 dose<br><input type="checkbox"/> Allergy: vancomycin 1 g IV + aztreonam 2 g IV x 1 dose                      | <input type="checkbox"/> Ampicillin/sulbactam 3 g IV q6h x 24 h<br><input type="checkbox"/> Allergy: vancomycin 1 g IV q12h + aztreonam 2 g IV q8h x 24h                    |
|   | <b>Liver transplant (high risk) or Small Bowel transplant</b><br>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 4.5 g IV x 1 dose over 30 minutes<br><input type="checkbox"/> Allergy: vancomycin 1 g IV + aztreonam 2 g IV x 1 dose | <input type="checkbox"/> Piperacillin/tazobactam 4.5 g IV q8h (over 4 hours) x 24h<br><input type="checkbox"/> Allergy: vancomycin 1 g IV q12h + aztreonam 2 g IV q8h x 24h |
|   | <b>Kidney transplant (*NOTE*: Do not adjust doses for renal dysfunction.)</b>  | <input type="checkbox"/> Cefazolin 1 g (2g if over 80 kg) IV x 1 dose<br><input type="checkbox"/> Allergy: clindamycin 600 mg IV + aztreonam 2 g IV x 1 dose          | <input type="checkbox"/> Cefazolin 1 g (2g if over 80 kg) IV q12h x 24h<br><input type="checkbox"/> Allergy: clindamycin 600 mg IV q8h x 24h + aztreonam 1 g IV q8h x 24h   |
|   | <b>Kidney/Pancreas (*NOTE*: Do not adjust doses for renal dysfunction.)</b>  | <input type="checkbox"/> Cefoxitin 1 g (2g if over 80 kg) IV x 1 dose<br><input type="checkbox"/> Allergy: Clindamycin 600 mg IV + aztreonam 2 g IV x 1 dose          | <input type="checkbox"/> Cefoxitin 1 g (2g if over 80 kg) IV q12h x 24h<br><input type="checkbox"/> Allergy: Clindamycin 600 mg IV q8h x 24h + aztreonam 1 g IV q8h x 24h   |
|   | <b>Pancreas transplant</b>   | <input type="checkbox"/> Cefoxitin 1 g (2g if over 80 kg) IV x 1 dose<br><input type="checkbox"/> Allergy: Clindamycin 600 mg IV + aztreonam 2 g IV x 1 dose          | <input type="checkbox"/> Cefoxitin 1 g (2g if over 80 kg) IV q6h x 24h<br><input type="checkbox"/> Allergy: Clindamycin 600 mg IV q8h x 24h + aztreonam 2g IV q8h x 24h     |
|   | <b>Heart transplant</b>  | <input type="checkbox"/> Cefazolin 1 g (2g if over 80 kg) IV x 1 dose<br><input type="checkbox"/> Allergy: vancomycin 1 g IV + aztreonam 2 g IV x 1 dose              | <input type="checkbox"/> Cefazolin 1 g (2g if over 80 kg) IV q8h x 24h<br><input type="checkbox"/> Allergy: vancomycin 1 g IV q12h + aztreonam 2 g IV q8h x 24h             |
|   | <b>Ventricular Assist Device (LVAD/RVAD/BIVAD) or Heart Transplant in patient with VAD</b>   | <input type="checkbox"/> Vancomycin 1 g IV + aztreonam 2 g IV x 1 dose  | <input type="checkbox"/> Vancomycin 1 g IV q12h + aztreonam 2 g IV q8h x 48h  |
|   | <b>Other:</b><br><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><br/> All antibiotics on form except vancomycin<br/> Vancomycin</p>   | <p><u>Timeframe Prior to Incision During Which Antibiotic Must Be Given</u><br/> 60 min<br/> 120 min</p>                                |
| <p><b>Intra-Operative Dosing Guidelines</b></p> <p><u>Antimicrobial</u><br/> Ampicillin/sulbactam<br/> Aztreonam<br/> Cefazolin<br/> Cefoxitin<br/> Clindamycin<br/> Piperacillin/tazobactam<br/> Vancomycin</p> | <p><u>Recommended Re-dosing Interval with Normal Renal Function</u><br/> 4 h<br/> 6 h<br/> 4 h<br/> 3 h<br/> 6 h<br/> 4 h<br/> 12 h</p> |