



Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:

- Interval: Once
- Interval: Every 24 hours
- Interval: Every ___ hours
- Interval: Every ___ days

Duration:

- ___ # of Days
- Until date: _____
- 1 year
- ___ # of Treatments

- Anticipated Infusion Date _____ ICD 10 Code with Description _____
- Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |



Appointment Requests

- Infusion Appointment Request**
Status: Future, Expected: S, Expires: S+366, Sched. Duration: 0 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after
IM/IV ONLY: Injection and possible labs
HOME INFUSION (IV) ONLY: CADD pumps are NOT available in Grand Rapids Lemmon Holton Infusion Center for Home Infusion.

Provider Reminder – FOR HOME INFUSION (IV) ONLY

- ONC PROVIDER REMINDER 20**
Ensure that after last treatment that patient has APPOINTMENT TO REMOVE CADD pump

Nursing Orders

- ONC NURSING COMMUNICATION 100 – FOR IV & HOME INFUSION (IV) ONLY**
May Initiate IV Catheter Patency Adult Protocol
- ONC NURSING COMMUNICATION 22 – FOR IV ONLY**
If patient has PICC line, please draw labs from PICC line.

Safety Parameters and Special Instructions

- ONC NURSING COMMUNICATION 103**
Contact Provider for increased stool production (4 or more above baseline) per day (24 hours) or moderate increase in ostomy output.
- ONC NURSING COMMUNICATION 2 – FOR HOME INFUSION (IV) ONLY**
If patient has any symptoms of a hypersensitivity reaction, immediately stop medication infusion and obtain vital signs. Maintain IV patency with 0.9% sodium chloride at 10 mL/hour.

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CONTINUED ON PAGE 2 →

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.



Spectrum Health ANTIBIOTIC - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)
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Procedure – FOR IV ONLY

	Interval	Duration
<input type="checkbox"/> Discontinue PICC Routine, Once, Starting S For 1 Occurrences PICC Line Site: May remove PICC line at the end of the treatment	Once	1 treatment

Labs

	Interval	Duration
<input type="checkbox"/> Complete Blood Count w/Differential Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments
<input type="checkbox"/> Basic Metabolic Panel (BMP) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments
<input type="checkbox"/> Comprehensive Metabolic Panel (CMP) Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments
<input type="checkbox"/> C Reactive Protein (CRP), Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments
<input type="checkbox"/> Creatine Kinase (CK) Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments
<input type="checkbox"/> Sedimentation rate Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments
<input type="checkbox"/> Draw Antibiotic Trough Within 30 Minutes Prior To Dose – FOR IV & HOME INFUSION (IV) ONLY		
<input type="checkbox"/> Vancomycin Trough Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments
<input type="checkbox"/> Gentamicin Trough Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments
<input type="checkbox"/> Amikacin, Trough, Serum Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments
<input type="checkbox"/> Tobramycin Trough Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments
<input type="checkbox"/> Other Labs: _____	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments

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Medications (continued)

Hydration – FOR IV ONLY

- sodium chloride 0.9% (NS) infusion - IV
100 mL/hr, Intravenous, Continuous, Starting S

Pre-Medications

- acetaminophen (TYLENOL) tablet 650 mg - IV
 - 325 mg
 - 500 mg
 - 650 mg
 - 1000 mg
 Oral, Once, Starting at treatment start time, For 1 Dose
Administer 30 to 60 minutes prior to infusion.
- diphenhydrAMINE (BENADRYL) capsule - IV
 - 25 mg
 - 50 mg
 Oral, Once, Starting at treatment start time, For 1 Dose
Administer 30 to 60 minutes prior to infusion.

Medications

Select Desired IM Antibiotic For Injection

- cefepime (MAXIPIME) injection
1 g, Intramuscular, Once, Starting at treatment start time, For 1 Dose
Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.
Dilute vial with 2.4 ml sodium chloride 0.9% for final concentration = 280 mg/mL.
- cefTRIAxone (ROCEPHIN) in sodium chloride 0.9% IM syringe
Dose:
 250 mg
 500 mg
 1 gram
Intramuscular, Once, Starting at treatment start time, For 1 Dose
Final concentration =350 mg/mL. Reconstitute 1 g vial with 2.1 mL of sodium chloride 0.9%. For INTRAMUSCULAR use ONLY.
- cefTRIAxone (ROCEPHIN) in lidocaine 1% IM syringe
Dose:
 250 mg
 500 mg
 1 gram
Intramuscular, Once, Starting at treatment start time, For 1 Dose
Final concentration =350 mg/mL. Reconstitute 1 g vial with 2.1 mL of lidocaine 1%. For INTRAMUSCULAR use ONLY.
- ertapenem & lidocaine 280 mg/mL IM syringe
1 g, Intramuscular, Once, Starting at treatment start time
Concentration = 280 mg/mL

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Select Desired IV Antibiotic For Infusion

amikacin (AMIKIN) in sodium chloride 0.9% 250 mL IVPB

Dose:

- 5 mg/kg
- 7.5 mg/kg
- 10 mg/kg

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose
Infuse over 30 – 60 minutes.

Reason for therapy:

- Initiation of therapy
 - Multidrug resistance Gram negative infection
 - Nocardia
 - Non-tuberculous Myobacterium
- Continuation of therapy
 - Multidrug resistance Gram negative infection
 - Nocardia
 - Non-tuberculous Myobacterium
- Dosing Re-assessment
 - Change in renal function
 - Order/assess level
 - Change in dialysis
 - Assess dose for discharge
- Other: _____

ceFAZolin (ANCEF) IV

Dose:

- 500 mg in sodium chloride 0.9% 50 mL IVPB, administer over 30 minutes
- 1 gram IVP, administer over 3 minutes
- 1.5 gram in sodium chloride 0.9% 50 mL IVPB, administer over 30 minutes
- 2 gram IVP, administer over 3 minutes
- 3 gram IVP, administer over 3 minutes

Intravenous, Once, Starting S, For 1 Dose

Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.

Reason for therapy:

- Bacteremia, gram-negative
- Bacteremia, gram-positive
- Bone and joint
- Cellulitis
- Surgical prophylaxis
- Post-operative
- Urinary Tract Infection (cystitis, pyelonephritis)
- Other: _____

A pharmacist will initiate the "Pharmacy Renal Dosing Protocol" in all adult patients who meet the protocol inclusion criteria. You may opt out of initiating the "Pharmacy Renal Dosing Protocol" by selecting the opt out option below:

- Opt out of the "Pharmacy Renal Dosing Protocol"



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cefepime (MAXIPIME) IV

Dose:

- 500 mg in sodium chloride 0.9% 50 mL IVPB, administer over 30 minutes
- 1 gram IVP, administer over 3 minutes
- 2 gram IVP, administer over 3 minutes

Intravenous, Once, Starting S, For 1 Dose

Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.

Treatment Indication:

- Febrile neutropenia
- Treatment of infection with a SPICE organism [Serratia, P. aeruginosa, Indole positive proteae (P. vulgaris, M. morgani, Providencia), Citrobacter or Enterobacter spp.]
- HAP/VAP
- Cystic fibrosis
- Empiric treatment of sepsis
- CAP with risk factors for Gram negative pneumonia
- Other: _____

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ceftaroline (TEFLARO) IV in sodium chloride 0.9% 250 mL IVPB

Dose:

- 200 mg
- 400 mg
- 600 mg

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose

Infuse over 30 – 60 minutes.

Treatment Indication:

- Staph aureus isolate with elevated vancomycin MIC (> 1.5 mcg/ml)
- Vancomycin induced nephrotoxicity
- Vancomycin allergy
- Combination therapy with daptomycin for recurrent MRSA bacteremia unable to be controlled with vancomycin and no source control
- Other: _____

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cefTAZidime (FORTAZ) IV in sodium chloride 0.9% (MINIBAG PLUS) 100 ml IVPB

Dose:

- 500 mg
- 1 gram
- 2 gram

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose

Infuse over 15 – 30 minutes.

Reason for therapy:

- Bacteremia, gram-negative
- CAP with risk factors (MRSA/Pseudomonas Aeruginosa)
- Cystic fibrosis
- Febrile Neutropenia
- HAP/VAP
- Intra-abdominal
- Meningitis/CNS
- Urinary Tract Infection (cystitis, pyelonephritis)
- Other: _____

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cefTRIAxone (ROCEPHIN) IVP

Dose:

- 1 gram
- 2 gram

Intravenous, Administer over 3 Minutes, Once, Starting S, For 1 Dose

INCOMPATIBILITY: Do NOT co-administer with calcium-containing solutions, lactated ringers or CRRT. Flush between calcium-containing products and ceftriaxone.

Reason for therapy:

- Bacteremia, gram-negative
- Bone and joint
- CAP
- Intra-abdominal
- Meningitis/CNS
- Urinary Tract Infection (cystitis, pyelonephritis)
- Other: _____

DAPTOmycin (CUBICIN) in sodium chloride 0.9 % 50 mL IVPB

Dose:

- 6 mg/kg
- 8 mg/kg
- 10 mg/kg

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose

Not Compatible with Dextrose

Treatment Indication:

- VRE infection
- Staph aureus isolate with elevated vancomycin MIC (> 1.5 mcg/ml)
- Vancomycin induced nephrotoxicity
- Vancomycin allergy
- Combination therapy with ceftaroline for recurrent MRSA bacteremia unable to be controlled with vancomycin and no source control
- Other: _____

ertapenem (INVanz) injection IV

Dose:

- 500 mg in sodium chloride 0.9% 50 mL IVPB
- 1000 mg in sodium chloride 0.9% (MINIBAG PLUS) 100 mL IVPB

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose

Stable at room temp for 6 hours.

Treatment Indication:

- Single pre-op dose
- Treatment of ESBL/AmpC bacteremia (WITH documented susceptibility) when another treatment is not indicated (drug interaction-quinolone with amiodarone; renal dysfunction-TMP-SMX, nitrofurantoin)
- Treatment of ESBL/AmpC bacteremia when another treatment is not indicated (drug interaction-quinolone with amiodarone; renal dysfunction-TMP-SMX, nitrofurantoin)
- Treatment of infection with a SPICE organism (Serratia, P. vulgaris, M. morgani, Providencia, Citrobacter or Enterobacter spp.) EXCLUDING P. aeruginosa and Acinetobacter
- Other: _____

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- gentamicin (GARAMYCIN) in sodium chloride 0.9% 100 mL IVPB

Dose:

- 1 mg/kg
- 1.5 mg/kg
- 2 mg/kg
- 5 mg/kg
- 7 mg/kg

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose

Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.

Infuse over 30 – 60 minutes.

Reason for therapy:

- Initiation of therapy

- Cystic fibrosis
- Gram positive synergy
- Gram negative infection
- Neonatal sepsis
- Trauma/Fractures
- Obstetrics/gynecology infection
- Other: _____

- Continuation of therapy

- Cystic fibrosis
- Gram positive synergy
- Gram negative infection
- Neonatal sepsis
- Trauma/Fractures
- Obstetrics/gynecology infection
- Other: _____

- Dosing Re-assessment

- Change in renal function
- Order/assess level
- Change in dialysis
- Assess dose for discharge

- Other: _____

- levoFLOXacin (LEVAQUIN) 5 mg/mL in D5W IVPB premix

- 250 mg
- 500 mg
- 750 mg

Intravenous, Once, Starting S, For 1 Doses

Infuse 250 to 500 mg IV solution over 60 minutes; infuse 750 mg IV solution over 90 minutes. Too rapid of infusion can lead to hypotension. Avoid administration through an intravenous line with a solution containing multivalent cations (eg, magnesium, calcium). Maintain adequate hydration of patient to prevent crystalluria or cylindruria.

Reason for Therapy:

- PCN allergy
- Bone & Joint
- BK virus
- CAP
- CAP with risk factors (MRSA/Pseudomonas Aeruginosa)
- Cystic fibrosis
- Intra-abdominal
- HAP/VAP
- HEENT infection
- Febrile neutropenia
- Urinary Tract Infection (cystitis, pyelonephritis)
- Other: _____

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- meropenem (MERREM) in sodium chloride 0.9% (MINIBAG PLUS)
100 mL IVPB
Dose:
 - 500 mg
 - 1 gram
 - 2 gram
 Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose
 Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.
 Treatment Indication:
 - Treatment of ESBL/AmpC bacteremia OR history of (previous 12 mo) when another treatment is not indicated
 - Culture proven infection due to bacteria resistant to other antibiotics but susceptible to meropenem
 - Empiric treatment of nosocomial infection in critically ill patients who have recent exposure (within 90 days for = 3 days) to enhanced spectrum β -lactam treatment (e.g. ceftazidime, cefepime or piperacillin-tazobactam)
 - Alternative to cefepime or piperacillin-tazobactam for febrile neutropenia
 - Treatment of infection with a SPICE organism [Serratia, P. aeruginosa, Indole positive proteae (P. vulgaris, M. organii, Providencia), Citrobacter or Enterobacter and Acinetobacter]
 - Other: _____
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- tigecycline (TYGACIL) in sodium chloride 0.9% 100 mL IVPB
Dose:
 - 25 mg
 - 50 mg
 - 100 mg
 Intravenous, Administer over 60 Minutes, Once, Starting S, For 1 Dose
 Loading dose: 100 mg, Maintenance dose: 50 mg; Infuse over 30 – 60 minutes



- tobramycin (NEBCIN) in sodium chloride 0.9% 100 mL IVPB
Dose:
 - 5 mg/kg
 - 7 mg/kg
 Intravenous, Administer over 60 Minutes, Once, Starting H, For 1 Dose
 Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.
 Reason for therapy:
 - Initiation of therapy
 - Cystic fibrosis
 - Gram negative infection
 - Other: _____
 - Continuation of therapy
 - Cystic fibrosis
 - Gram negative infection
 - Other: _____
 - Dosing Re-assessment
 - Change in renal function
 - Order/assess level
 - Change in dialysis
 - Assess dose for discharge
 - Other: _____

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vancomycin (VANCOGIN) IV

Dose:

- 500 mg in sodium chloride 0.9% (MINIBAG PLUS) 100 mL IVPB over 50 minutes
- 750 mg in sodium chloride 0.9% 250 mL IVPB, administer over 75 minutes
- 1000 mg in sodium chloride 0.9% 250 mL IVPB, administer over 100 minutes
- 1250 mg in sodium chloride 0.9% 250 mL IVPB, administer over 125 minutes
- 1500 mg in sodium chloride 0.9% 500 mL IVPB, administer over 150 minutes
- 2000 mg in sodium chloride 0.9% 500 mL IVPB, administer over 200 minutes

Intravenous, Once, Starting S, For 1 Dose

Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.

Reason for therapy:

Initiation of therapy

- CoNS, Enterococcus or Streptococcus infection
- Group B Strep prophylaxis
- Neonatal sepsis
- Respiratory tract infection
- Skin/soft tissue infection
- Surgical prophylaxis
- MRSA bacteremia, endocarditis, bone/joint infection or pneumonia
- Ventilator associated pneumonia/HAP (current hospitalization greater than 48 hours)
- Meningitis/central nervous system infection
- Necrotizing fasciitis
- Other: _____

Continuation of therapy

- CoNS, Enterococcus or Streptococcus infection
- Group B Strep prophylaxis
- Neonatal sepsis
- Respiratory tract infection
- Skin/soft tissue infection
- Surgical prophylaxis
- MRSA bacteremia, endocarditis, bone/joint infection or pneumonia
- Ventilator associated pneumonia/HAP (current hospitalization greater than 48 hours)
- Meningitis/central nervous system infection
- Necrotizing fasciitis
- Other: _____

Dosing Re-assessment

- CoNS, Enterococcus or Streptococcus infection
- Group B Strep prophylaxis
- Neonatal sepsis
- Respiratory tract infection
- Skin/soft tissue infection
- Surgical prophylaxis
- MRSA bacteremia, endocarditis, bone/joint infection or pneumonia
- Ventilator associated pneumonia/HAP (current hospitalization greater than 48 hours)
- Meningitis/central nervous system infection
- Necrotizing fasciitis
- Other: _____

Other: _____

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Select Desired Antibiotic for IV Home Infusion (no Offset) Cadd Pump

nafcillin (NALLPEN) in sodium chloride 0.9 % infusion - for home use

use

Dose:

- 6 gram
- 9 gram
- 12 gram

Intravenous - Home Infusion, for 24 Hours, Once, Starting S, For 1 Dose
For continuous home infusion via CADD pump.
Vesicant. Avoid extravasation.

oxacillin in sterile water infusion - for home use

Dose:

- 6 gram
- 9 gram
- 12 gram

Intravenous - Home Infusion, for 24 Hours, Once, Starting S, For 1 Dose
For continuous home infusion via CADD pump.

penicillin G potassium in sterile water infusion - for home use

Dose:

- 12 Million Units
- 18 Million Units
- 20 Million Units
- 24 Million Units

Intravenous - Home Infusion, for 24 Hours, Once, Starting S, For 1 Dose
For continuous home infusion via CADD pump.

Vancomycin HCl (VANCOCIN) in sodium chloride 0.9 % infusion - for home use

Dose:

- 1000 mg
- 2000 mg
- 30 mg/kg

Intravenous - Home Infusion, for 24 Hours, Once, Starting S, For 1 Dose
For continuous home infusion via CADD pump.

Reason for therapy:

- Initiation of therapy
- Continuation of therapy
- Dosing Re-assessment
- Other: _____

Subsequent Day Treatment – FOR HOME INFUSION (IV) ONLY

Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after

ONC NURSING COMMUNICATION 5

Discontinue Home Infusion. Remove CADD Pump.

Discontinue PICC

Routine, Once, Starting S For 1 Occurrences

PICC Line Site:

May remove PICC line at the end of the treatment

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
		Sign				Physician Print
			R.N. Sign			Physician

EPIC VERSION DATE: 07/16/20

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