

Regional Orders Set

# Outpatient IV Antimicrobial Therapy

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Last Name:			
First Name (Preferred Name):			
Encounter number:	NH Number:	Chart Created: Y/N	
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			
<b>PATIENT LABEL</b>			

**Allergies:** ☐ None Known ☐ Unable to Obtain

List with Reactions: \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg

**Height:** \_\_\_\_\_ cm

Diagnosis: \_\_\_\_\_ Injury related? ☐ No ☐ Yes ☐ WorkSafe BC

- For reassessment on date: \_\_\_\_\_ by Prescriber: \_\_\_\_\_  
☐ IV Therapy clinic ☐ Prescriber office ☐ ER Department ☐ other: \_\_\_\_\_
- PICC line placement required for CADD pump/infuser bottle
- suggest assessment for PICC line if: planned therapy duration of greater than 2 weeks or vancomycin therapy for more than 5 days  
☐ prescriber to complete **10-111-5116 Peripherally Inserted Central Catheter (PICC) in Children and Adults**

## 1. LABORATORY

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CBC w/Diff weekly       | <input type="checkbox"/> CBC w/Diff x _____           |  |
| <input type="checkbox"/> serum creatinine weekly | <input type="checkbox"/> CRP weekly                   | <input type="checkbox"/> serum creatinine x _____          |
| <input type="checkbox"/> blood C&S x 2 sets      | <input type="checkbox"/> urinalysis and urine culture | <input type="checkbox"/> bacterial C&S swab of site: _____ |

## 2. MEDICATIONS (review pathogen susceptibilities and appropriate conditions for outpatient management on page 2)

☐ discontinue current antibiotics (specify): \_\_\_\_\_

Uncomplicated skin and soft tissue infections:

**ceFAZolin** IV and oral **probenecid** (choose one of the following based on renal function)

- ☐ CrCl greater than 30 mL/min: **ceFAZolin** 2 g IV q24h **\*PLUS\* probenecid** 1 g PO daily 10 to 20 min before **ceFAZolin** infusion x \_\_\_\_\_ days
- ☐ CrCl 10 to 30 mL/min: **ceFAZolin** 2 g IV q12h x \_\_\_\_\_ days (no probenecid)
- ☐ CrCl less than 10 mL/min: **ceFAZolin** 2 g IV q24h x \_\_\_\_\_ days (no probenecid)

Complicated infections (e.g. diabetic foot infection, bone, or joint infections):

- ☐ **ceFTRIAXone** 1 g IV q24h x \_\_\_\_\_ days (if no prior oral antibiotics)
- \*OR\***
- ☐ **ceFTRIAXone** 2 g IV q24h x \_\_\_\_\_ days (if no response to prior oral antibiotics)

Suspected MRSA:

- For mild - moderate for skin and soft tissue infections, consider trial of oral monotherapy (i.e. **sulfamethoxazole/trimethoprim** or **doxycycline**; requires outpatient prescription)
  - refer to NH Firstline (app.firstline.org) for dosing guidance
- For severe skin and soft tissue infections, or failed oral therapy for MRSA:
  - ☐ **vancomycin** – prescriber to complete **10-111-5335 Initiation of Vancomycin for Adults** (if q8h to q12h dosing required, consult pharmacist or ID physician for alternatives)

Other antibiotics:

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- Consider oral step down: refer to NH guideline (Antimicrobial IV to PO Conversion) on NH Firstline (app.firstline.org)

**Prescriber signature:** \_\_\_\_\_ **College ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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PATIENT LABEL

## Outpatient parenteral antimicrobial therapy: Guidelines for patient eligibility

Does the patient have one of the following infections requiring IV antibiotics?

- Cellulitis
- Diabetic foot infection
- Osteomyelitis
- Septic arthritis or bursitis
- Prosthetic joint infection
- Endocarditis (continuation of inpatient-initiated therapy)
- Other skin and soft tissue infections

Yes

Are the medical care needs of the patient otherwise able to be managed safely and effectively in an outpatient setting?

Does the patient have appropriate IV access? (i.e. PICC line if needed)

Yes

Is the patient/caregiver willing and reliably able to attend the outpatient parenteral antimicrobial therapy delivery site for infusions and follow-up?

Yes

Initiate/continue outpatient parenteral antimicrobial therapy

Reassess

No

### Criteria for IV to oral step-down in adult patients

1. Clinically improving
  - a) Consistent improvement in fever over the last 24 hours or patient is afebrile (less than 38°C)
  - b) White blood cells and CRP decreasing
  - c) Hemodynamically stable
2. Able to tolerate and absorb oral medications and is **not**:
  - a) Experiencing active malabsorption syndrome
  - b) Experiencing severe or persistent nausea, vomiting or diarrhea
3. Pathogen is not known to be resistant to the oral antimicrobial used
4. Or after consult with infectious disease specialist, when minimum IV duration met for complex conditions (e.g., osteomyelitis; septic arthritis)

No

No

No

Do not initiate outpatient parenteral antimicrobial therapy  
Consider ID consult

Is the patient's infection either:  
A) Cellulitis or diabetic foot infection  
or

- B) One of the following infections already treated for the minimum IV duration:
- Osteomyelitis (4 to 6 weeks)
  - Septic arthritis or bursitis (3 to 4 weeks)

Yes

Consider oral stepdown therapy (see clinical practice standard 1-20-6-1-010)