

Regional Orders Set

IV Antimicrobial Therapy for Outpatients and Home IV

Page 1 of 2 PATIENT LABEL

Allergies: <input type="checkbox"/> None known <input type="checkbox"/> Unable to obtain List with reactions: _____	Weight: _____ kg Height: _____ cm
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1. Patient's diagnosis: _____ Injury related? No Yes WorkSafe BC

2. Patient to be reassessed: IV Therapy Clinic Doctor's office Emergency department Other: _____
 Date: _____ by Dr.: _____

3. Laboratory orders:
 Urinalysis and urine culture Blood C&S x 2 CBC weekly Serum creatinine weekly
 CRP weekly Bacterial C&S swab of site: _____

4. Medication orders:
 Discontinue current antibiotics: (specify) _____

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

- CrCl greater than 30 mL/minute: **ceFAZolin** 2 g IV q24h plus **probenecid** 1 g PO daily 10 to 20 minutes before **ceFAZolin** infusion x _____ days
- CrCl 10 to 30 mL/minute: **ceFAZolin** 2 g IV q12h x _____ days (**no probenecid**)
- CrCl less than 10 mL/minute: **ceFAZolin** 2 g IV q24h x _____ days (**no probenecid**)

cefTRIAxone 2 g IV once daily x _____ days

vancomycin (25 mg/kg) _____ IV x 1 load dose, then (15 mg/kg) _____ IV q12h x 1 dose, round to nearest 250 mg (max 2 g dose), then as per pharmacist x _____ days

- Serum creatinine now and twice weekly while on **vancomycin**
- Serum trough level 30 minutes prior to 4th dose or as per pharmacist

tobramycin (6 mg/kg - use ideal body weight (IBW)) _____ IV q24h x 1 dose, round to nearest 20 mg, then as per pharmacist x _____ days. See page 2 for IBW equation.

Note: If actual body weight lower than IBW, use actual weight.

- Serum creatinine now and twice weekly while on **tobramycin**
- Serum trough level 30 minutes prior to 2nd dose or as per pharmacist

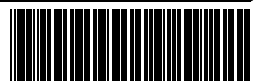
}

Follow on-call procedures after pharmacy hours
 (OurNH → Clinical & Patient Care → Pharmacy after-hours contacts)

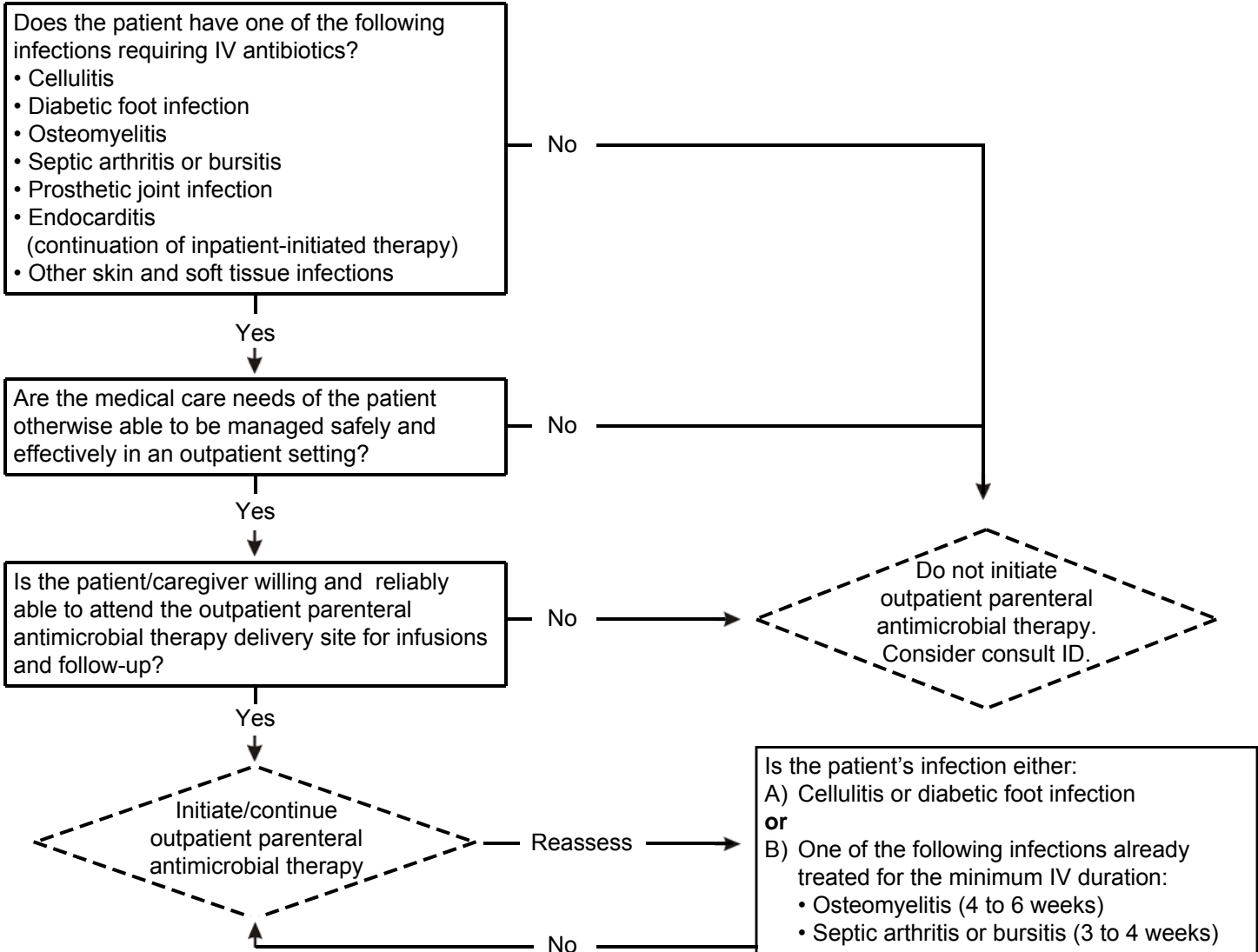
Physician signature: _____ **College ID:** _____ **Date:** _____ **Time:** _____

Additional orders

Date	Time	



Outpatient parenteral antimicrobial therapy: Guidelines for patient eligibility



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)

IBW (female) = 45.5 kg + (2.3 x # of inches over 5 feet*)
 IBW (male) = 50 kg + (2.3 x # of inches over 5 feet*)
 *If patient shorter than 5 feet, use negative inches.