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# Regional Pre-Printed Orders for OUTPATIENT PARENTERAL ANTIBIOTIC THERAPY (Adult)



Form ID: DRDO106299B

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Page: 1 of 1

DRUG & FOOD ALLERGIES

- Mandatory
- Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.

**DIAGNOSIS:** \_\_\_\_\_ Patient Weight: \_\_\_\_\_ Kg Height: \_\_\_\_\_

**INVESTIGATIONS:**

- CBC, CP7, CRP if not already done
- Urinalysis and urine C&S for suspected UTI/pyelonephritis (**PRIOR to FIRST antibiotic dose**)
- Other C&S (indicate site): \_\_\_\_\_ (**PRIOR to FIRST antibiotic dose**)

Other: \_\_\_\_\_

- Saline Lock

**ANTIBIOTICS:**

See back page for initial treatment suggestions. Physician to provide outpatient prescriptions for all oral antibiotic orders.

- **Discontinue previous antibiotics**
- **Antibiotics for duration of 5 days unless specified**
- ceFAZolin** 2000 mg IV Q24H plus **probenecid** 1000 mg PO Q24H. Give **probenecid** 15 minutes prior to **ceFAZolin**. (probenecid not recommended if eGFR less than 30 mL/min)
- ceFAZolin** 2000 mg IV Q24H plus **cephALEXin** 500 mg PO QID (provide written **Rx**)
- clindamycin** 900 mg IV Q12H (consider early oral step-down as bioavailability is 90%)
- cefTRIAXone** 2000 mg IV Q24H
- vancomycin** \_\_\_\_\_ mg IV Q \_\_\_\_\_ H. (see suggested initial dosing recommendation on the back page)
  - Repeat BUN and SCr on day 5 of therapy while on **vancomycin**
- gentamicin** \_\_\_\_\_ mg (6 mg/kg) IV Q24H (not to exceed 500 mg for first dose)
  - If patient body weight is 20% above IBW, consult pharmacist to adjust subsequent doses using adjusted body weight
  - Not recommended if eGFR less than 60 mL/minute; if **gentamicin** needed, consult pharmacist for renal dosing
  - Repeat BUN and SCr every Monday and Thursday while on **gentamicin**
- ertapenem** - requires completion of **RESTRICTED ANTIMICROBIAL DRUGS (Adult) PPO** (DRD0106156)

Other: \_\_\_\_\_

Physician Reassessment: \_\_\_\_\_

Wound Care: \_\_\_\_\_

Other Referral: \_\_\_\_\_

**ID consulted:** \_\_\_\_\_

Date (DD/MMM/YYYY)	Time	Prescriber Signature	Printed Name or College ID#