INTRAVENOUS ANTIBIOTICS THERAPY PLAN

Nursing Orders

| | | Interval | Defer Until | Duration |
|---------|---|---------------------------------|-------------------------|-----------------------------|
| | Insert Peripheral IV or Access Portacath Details | Every visit | S | Until discont'd |
| | Vital signs - T/P/R/BP Per Unit Protocol Details | Every visit | S | Until discont'd |
| | sodium chloride 0.9 % flush 10 mL 10 mL, intravenous, PRN, line care, Starting S, For 10 Doses | Every visit | S | Until discont'd |
| | sodium chloride 0.9 % infusion 250 mL 250 mL, intravenous, at 30 mL/hr, PRN, Flush bag, Starting S | Every visit | S | Until discont'o |
| | HEParin, porcine (PF) 100 unit/mL injection 100 Units 100 Units, intra-catheter, once, Starting S, For 1 Doses | Every visit | S | Until discont'd |
| | HEParin, porcine (PF) 100 unit/mL injection 500 Units 500 Units, intra-catheter, PRN, line care, Starting S | Every visit | S | Until discont'o |
| | Discontinue IV Details | Every visit | S | Until discont'd |
| C Line | or Implanted Port | | | |
| | Change dressing: PICC | Interval 1 time a week | Defer Until S | Duration Until discont'd |
| | Change dressing: Port-a-cath Port-a-cath dressing is changed ONLY when non-coring needle is changed and | 1 time a week d as needed | S | Until discont'c |
| | Replace StatLock | 1 time a week | S | Until discont'c |
| | Notify Physician if arm swelling, drainage, or other complications arise concerning the central line Details | 1 time a week | S | Until discont'c |
| rally I | nserted Catheter or Temporary Dialysis Catheter | | | |
| _ | Obereze dressing | Interval | Defer Until | Duration |
| | Change dressing Details | 1 time a week | S | Until discont'd |
| | Notify Physician if arm swelling, drainage, or other complications arise concerning the central line Details | 1 time a week | S | Until discont'd |
| ration | | | | |
| | | Interval | Defer Until | Duration |
| | sodium chloride 0.9 % bolus 250 mL 250 mL, intravenous, once, Starting S, For 1 Doses | Every visit | S | Until discont'd |
| | sodium chloride 0.9 % bolus 500 mL 500 mL, intravenous, once, Starting S, For 1 Doses | Every visit | S | Until discont'd |
| | sodium chloride 0.9 % bolus 1,000 mL 1,000 mL, intravenous, once, Starting S, For 1 Doses | Every visit | S | Until discont'd |
| icatior | าร | | | |
| | | Interval | Defer Until | Duration |
| | cefTRIAxone (ROCEPHIN) IV 1 g 1 g, intravenous, for 30 Minutes, once, Starting S, For 1 Doses Beason for Therapy: | Every 1 day | S | 7 treatments |

Reason for Therapy:

| | | Interval | Defer Until | Duration | | |
|------|--|--|--|---|--|--|
| | cefTRIAxone (ROCEPHIN) IV 2 g 2 g, intravenous, for 30 Minutes, once, Starting S, For 1 Doses | Every 1 day | S | 7 treatments | | |
| | Reason for Therapy: | | | | | |
| | ertapenem (INVanz) IV 1 g | Every 1 day | S | 7 treatments | | |
| | 1 g, intravenous, once, Starting S, For 1 Doses Reason for Therapy: | | | | | |
| | cefepime (MAXIPIME) IV 1 g | Every 1 day | S | 7 treatments | | |
| | 1 g, intravenous, once, For 1 Doses Reason for Therapy: | | | | | |
| | cefepime (MAXIPIME) IV 2 g | Every 1 day | S | 7 treatments | | |
| | 2 g, intravenous, once, Starting S, For 1 Doses | | | | | |
| | Reason for Therapy: | | | | | |
| | meropenem (MERREM) IV 1 g | Every 1 day | S | 7 treatments | | |
| | 1 g, intravenous, once, Starting S, For 1 Doses | | | | | |
| | Reason for Therapy: | | | | | |
| | meropenem (MERREM) IV 2 g | Every 1 day | S | 7 treatments | | |
| | 2 g, intravenous, once, Starting S, For 1 Doses | | | | | |
| | Reason for Therapy: | | | | | |
| | DAPTOmycin (PF) (CUBICIN) 500 mg in sodium chloride 0.9 | Every 1 day | S | 7 treatments | | |
| | % IVPB (RESTRICTED) | | | | | |
| | 500 mg, intravenous, for 30 Minutes, once, Starting S, For 1 Doses | o Morrow Trans | opt (DMT) | lomotolom/Oracle | | |
| | RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one? | | | | | |
| | Reason for Therapy: | | | | | |
| | | E 4 1 | 0 | 7 tra atma a lata | | |
| | DAPTOmycin (PF) (CUBICIN) 1,000 mg in sodium chloride | Every 1 day | 5 | 7 treatments | | |
| | 0.9 % IVPB (RESTRICTED) | Every 1 day | 5 | 7 treatments | | |
| | 0.9 % IVPB (RESTRICTED) 1,000 mg, intravenous, for 30 Minutes, once, Starting S, For 1 Doses | | | | | |
| | 0.9 % IVPB (RESTRICTED) 1,000 mg, intravenous, for 30 Minutes, once, Starting S, For 1 Doses RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bon | e Marrow Transpl | ant (BMT), and H | | | |
| | 0.9 % IVPB (RESTRICTED) 1,000 mg, intravenous, for 30 Minutes, once, Starting S, For 1 Doses | e Marrow Transpl | ant (BMT), and H | | | |
| | 0.9 % IVPB (RESTRICTED) 1,000 mg, intravenous, for 30 Minutes, once, Starting S, For 1 Doses RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bon (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or Reason for Therapy: | e Marrow Transpl ordering on beha | ant (BMT), and ⊢ If of one? | | | |
| | 0.9 % IVPB (RESTRICTED) 1,000 mg, intravenous, for 30 Minutes, once, Starting S, For 1 Doses RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bon (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or | e Marrow Transpl | ant (BMT), and ⊢ If of one? | lematology/Oncolog | | |
| | 0.9 % IVPB (RESTRICTED) 1,000 mg, intravenous, for 30 Minutes, once, Starting S, For 1 Doses RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bon (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or Reason for Therapy: ceFAZolin (ANCEF) in sodium chloride 0.9 % 100 mL IVPB | e Marrow Transpl ordering on beha | ant (BMT), and ⊢ If of one? | lematology/Oncolog | | |
| | 0.9 % IVPB (RESTRICTED) 1,000 mg, intravenous, for 30 Minutes, once, Starting S, For 1 Doses RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bon (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or Reason for Therapy: ceFAZolin (ANCEF) in sodium chloride 0.9 % 100 mL IVPB intravenous, for 30 Minutes, once, Starting S, For 1 Doses [ceFAZolin]Reason for Therapy: | e Marrow Transpl ordering on beha | ant (BMT), and ⊢ If of one? | lematology/Oncolog | | |
| | 0.9 % IVPB (RESTRICTED) 1,000 mg, intravenous, for 30 Minutes, once, Starting S, For 1 Doses RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bon (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or Reason for Therapy: ceFAZolin (ANCEF) in sodium chloride 0.9 % 100 mL IVPB intravenous, for 30 Minutes, once, Starting S, For 1 Doses | e Marrow Transpl ordering on beha Every 1 day | ant (BMT), and H If of one? S | lematology/Oncolog 7 treatments | | |
| rsen | 0.9 % IVPB (RESTRICTED) 1,000 mg, intravenous, for 30 Minutes, once, Starting S, For 1 Doses RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bon (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or Reason for Therapy: ceFAZolin (ANCEF) in sodium chloride 0.9 % 100 mL IVPB intravenous, for 30 Minutes, once, Starting S, For 1 Doses [ceFAZolin]Reason for Therapy: | e Marrow Transpl ordering on beha | ant (BMT), and ⊢ If of one? | lematology/Oncolog 7 treatments Duration | | |
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Routine, Status: Future, Expires: S+366, Clinic Collect

| | Interval | Defer Until | Duration |
|--|------------------|-------------|-----------------|
| Basic metabolic panel | 1 time a week | S | Until discont'd |
| Routine, Status: Future, Expires: S+366, Clinic Collect | | | |
| Sedimentation rate | 1 time a week | S | Until discont'd |
| Routine, Status: Future, Expires: S+366, Clinic Collect | | | |
| Creatine kinase, total (CPK) | 1 time a week | S | Until discont'd |
| Routine, Status: Future, Expires: S+366, Clinic Collect | | | |
| C-reactive protein | 1 time a week | S | Until discont'd |
| Routine, Status: Future, Expires: S+366, Clinic Collect | | | |
| Blood culture, aerobic & anaerobic | 1 time a week | S | Until discont'd |
| Routine, Status: Future, Expires: S+366, Clinic Collect | | | |
| Blood culture, fungus | 1 time a week | S | Until discont'd |
| Routine, Status: Future, Expires: S+366, Clinic Collect, Blood | | | |
| Urinalysis | 1 time a week | S | Until discont'd |
| Routine, Status: Future, Expires: S+366, Clinic Collect | | | |
| Urine culture | 1 time a week | S | Until discont'd |
| Routine, Status: Future, Expires: S+366, Clinic Collect, Urine Quest Specimen Source: | | | |
| Hemoglobin A1c | 1 time a week | S | Until discont'd |
| Routine, Status: Future, Expires: S+366, Clinic Collect | | | |