Sepsis Management (Inpatient) [1414]

IV / Central Line Access - Hemodyna	amics wonitoning
IV / Central Line Access	
[] Initiate and maintain IV	
[] Ensure / Initiate and maintain IV access	Routine, Once As needed immediately insert 2 large bore (at least 20 gauge) periphera IV lines or call attending MD for STAT central line, intraosseus (IO) or other access.
[] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
Hemodynamic Monitoring **If patient has IJ or Subclavian Central Venous	Line**
[] Hemodynamic Monitoring - CVP	Routine, Every hour For 999 Occurrences Measure: CVP
Nursing	
Nursing - HMH, HMSL and HMB	
[] Vital signs - T/P/R/BP	Routine, Every hour For 3 Hours Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of vitals assessment.
[] Pulse oximetry	Routine, Daily Current FIO2 or Room Air: Place Sp02 monitor (near infrared spectroscopy)
Nursing - HMWB and HMTW	
[X] Vital signs - T/P/R/BP	Routine, Every hour For 3 Hours Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of vitals assessment.
[X] Pulse oximetry	Routine, Daily Current FIO2 or Room Air: Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of pulse oximetry assessment. Curren FIO2 or Room Air: Place SpO2 monitor (near infrared spectroscopy).
Nursing - HMW and HMSTC	
[X] Vital signs - T/P/R/BP	Routine, Every hour For 3 Hours Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of vitals assessment.
[X] Pulse oximetry	Routine, Daily Current FIO2 or Room Air: Place Sp02 monitor (near infrared spectroscopy)
[X] Daily weights	Routine, Daily Notify provider if weight is over 5 pounds from initial dry weight
[X] Activity: Bed rest initially then progress as toler	<u>-</u>

Specify: Sepsis Education	
[1]	
[] Insert and maintain Foley	
[] Insert Foley catheter Routine, Once Type: Temperature Sensing Size:	
Urinometer needed:	
[] Foley Catheter Care Routine, Until discontinued, Starting S Orders: Maintain	8
Nursing - HMCL	
[X] Vital signs - T/P/R/BP Routine, Every hour For 3 H	Hours
Monitor every 1 hour for 3 h	hours, or more frequently as on and assessment findings, then
[X] Pulse oximetry Routine, Daily	
Current FIO2 or Room Air:	
Place Sp02 monitor (near in	nfrared spectroscopy)
[X] Telemetry "And" Linked Panel	
[X] Telemetry monitoring Routine, Continuous Order: Place in Centralized Telemetry (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and	
[X] Telemetry Additional Setup Information Routine, Continuous	battle: 100
High Heart Rate (BPM): 120	
Low Heart Rate(BPM): 50	
High PVC's (per minute): 10	
High SBP(mmHg): 175	
Low SBP(mmHg): 100	
High DBP(mmHg): 95	
Low DBP(mmHg): 40	
Low Mean BP: 60	
High Mean BP: 120	
Low SPO2(%): 94	
[] Insert and maintain Foley	
[] Insert Foley catheter Routine, Once	
Type: Temperature Sensing	
Size:	
Urinometer needed:	
[] Foley Catheter Care Routine, Until discontinued, Starting S Orders: Maintain	5
Notify	
[] Notify Provider/Sepsis Team: Routine, Until discontinued, 65 or GREATER than 80	, Starting S, -for MAP LESS than
-for heart rate LESS than 6	0 or GREATER than 120
-for urine output LESS than	n 30 mL/hour
-immediately for any acute (mental status, vital signs)	changes in patient condition
Initial Management of Suspected Sepsis	
Blood Cultures	
[] Blood culture x 2 "And" Linked Panel	

[] Blood Culture (Aerobic & Anaerobic)	x2, with both se an IV li	STAT before antibiotics given. Blood cultures should be ordered a each set drawn from a different peripheral site. If unable to draw ts from a peripheral site, one set may be drawn from a central line; ne should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	x2, with both se	Blood STAT before antibiotics given. Blood cultures should be ordered a each set drawn from a different peripheral site. If unable to draw ts from a peripheral site, one set may be drawn from a central line; ne should NEVER be used.
Lactic Acid - STAT and repeat 2 times every 3 h	nours	
[] Lactic acid level, SEPSIS - Now and repeat 2x hours	every 3	Now and repeat 2x every 3 hours For 3 Occurrences STAT - SPECIMEN MUST BE DELIVERED IMMEDIATELY TO THE LABORATORY. Repeat lactic acid in 3 hours.
Lactic Acid - STAT and repeat 2 times every 3 h	nours	
[] Lactic acid level, SEPSIS - Now and repeat 2x hours	every 3	Now and repeat 2x every 3 hours For 3 Occurrences STAT - SPECIMEN MUST BE DELIVERED IMMEDIATELY TO THE LABORATORY. Repeat lactic acid in 3 hours.
Lactic Acid - STAT and repeat 2 times every 3 h **unselect if already collected**	nours	
[X] Lactic acid, I-Stat - Now and repeat 2x every 3	hours	Now and repeat 2x every 3 hours For 3 Occurrences STAT. Repeat lactic acid in 3 hours.
organ dysfunction) (Single Response) The target fluid bolus volume can be calculated	using the id the actual v	eal weight as long as the provider indicates that the patient is weight will be used to calculate the target volume.
() Ves (Circle Description (Colorier Description		
() Yes (Single Response) (Selection Required) Given your response of "Yes", you have the op	otion to dose	e IV fluids using Ideal Body Weight (IBW).
() Calculate dose using Ideal Body Weight (IB Response)	W) (Single	
() lactated ringers IV bolus and infusion + Vit- Obese Patients (Single Response)	al Signs - F	or
() lactated ringers IV bolus + Vitals Every 15	5 Minutes x	4 "And" Linked Panel
Hours - For Obese Patients		
	30 Rea	mL/kg, intravenous, once, For 1 Doses assess patient after IV fluid bolus given. arget not met (MAP 65 to 70 mmHg or SBP GREATER than 90 aHg), notify ordering provider prior to administration of second
Hours - For Obese Patients	30 Rea If ta mm boli Dos	assess patient after IV fluid bolus given. arget not met (MAP 65 to 70 mmHg or SBP GREATER than 90 in
Hours - For Obese Patients	30 Rea If ta mm bol Dos Not adr Pro	assess patient after IV fluid bolus given. arget not met (MAP 65 to 70 mmHg or SBP GREATER than 90 aHg), notify ordering provider prior to administration of second us. sees start immediately. ify provider immediately upon completion of fluid bolus ninistration. vider Response: YES, I choose to use the Ideal Body Weight
Hours - For Obese Patients	30 Rea If ta mm boll Dos Not adr Pro (IB)	assess patient after IV fluid bolus given. arget not met (MAP 65 to 70 mmHg or SBP GREATER than 90 aHg), notify ordering provider prior to administration of second us. ses start immediately. ify provider immediately upon completion of fluid bolus ninistration.

[] lactated ringer's infusion	100 1 //
	126 mL/hr, intravenous, continuous
	Reassess patient after 1 L of IV fluid given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of additional
	fluids.
	Doses start immediately.
	Notify provider immediately upon completion of administration of 1 L
	of fluid.
 sodium chloride 0.9% bolus + Vital Signs OR in For Obese Patients (Single Response) 	nfusion -
() sodium chloride 0.9% bolus + Vitals Every 15	5 Minutes x "And" Linked Panel
4 Hours - For Obese Patients	
[] sodium chloride 0.9 % bolus	30 mL/kg, intravenous, once, For 1 Doses
	Reassess patient after IV fluid bolus given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of second
	bolus.
	Doses start immediately.
	Notify provider immediately upon completion of fluid bolus
	administration.
	Provider Response: YES, I choose to use the Ideal Body Weight
II. Compie vital signs T/D/D/DD	(IBW), BMI GREATER than 30
[] Sepsis vital signs - T/P/R/BP() sodium chloride 0.9% infusion - For Obese P	STAT, Every 15 min For 4 Hours ratients "And" Linked Panel
sodium chloride 0.9% infusion	126 mL/hr, intravenous, continuous
[] Socialli chionae 0.970 iniasion	Reassess patient after 1 L of IV fluid given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of additional
	fluids.
	Doses start immediately.
	Notify provider immediately upon completion of administration of 1 L
	of fluid.
Do NOT calculate dose using Ideal Body Weigh (Single Response)	nt (IBW)
 lactated ringers IV bolus + Vital Signs OR infus (Single Response) 	sion
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
() lactated ringers IV bolus + Vitals Every 15 Mi Hours	inutes x 4 "And" Linked Panel
	30 mL/kg, intravenous, once, For 1 Doses
Hours	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given.
Hours	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
Hours	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second
Hours	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus.
Hours	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately.
Hours	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus
Hours [] lactated ringers bolus	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration.
Hours [] lactated ringers bolus [] Sepsis vital signs - T/P/R/BP	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours
Hours [] lactated ringers bolus [] Sepsis vital signs - T/P/R/BP () lactated ringers IV infusion	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel
Hours [] lactated ringers bolus [] Sepsis vital signs - T/P/R/BP	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous
Hours [] lactated ringers bolus [] Sepsis vital signs - T/P/R/BP () lactated ringers IV infusion	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given.
Hours [] lactated ringers bolus [] Sepsis vital signs - T/P/R/BP () lactated ringers IV infusion	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
Hours [] lactated ringers bolus [] Sepsis vital signs - T/P/R/BP () lactated ringers IV infusion	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional
Hours [] lactated ringers bolus [] Sepsis vital signs - T/P/R/BP () lactated ringers IV infusion	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.
Hours [] lactated ringers bolus [] Sepsis vital signs - T/P/R/BP () lactated ringers IV infusion	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately.
Hours [] lactated ringers bolus [] Sepsis vital signs - T/P/R/BP () lactated ringers IV infusion	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L
Hours [] lactated ringers bolus [] Sepsis vital signs - T/P/R/BP () lactated ringers IV infusion [] lactated ringer's infusion () sodium chloride 0.9% bolus + Vital Signs OR in the signs of the s	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid.
Hours [] lactated ringers bolus [] Sepsis vital signs - T/P/R/BP () lactated ringers IV infusion [] lactated ringer's infusion	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. STAT, Every 15 min For 4 Hours "And" Linked Panel 126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid.

[] sodium chloride 0.9 % bolus	30 mL/kg, intravenous, once, For 1 Doses
	Reassess patient after IV fluid bolus given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of second
	bolus.
	Doses start immediately.
	Notify provider immediately upon completion of fluid bolus
	administration.
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
() sodium chloride 0.9% infusion - For Obese Pa	atients "And" Linked Panel
[] sodium chloride 0.9% infusion	126 mL/hr, intravenous, continuous
••	Reassess patient after 1 L of IV fluid given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of additional
	fluids.
	Doses start immediately.
	Notify provider immediately upon completion of administration of 1 L
	of fluid.
() Patient does not have initial hypotension, seve	re sepsis,
nor septic shock at this time. No additional cry	
fluid resuscitation bolus indicated at this time (
Response)	
•	Davidias Once
() Patient does not have initial hypotension,	Routine, Once
severe sepsis, nor septic shock at this time.	
No additional crystalloid IV fluid	
resuscitation bolus indicated at this time	
() Patient does not have initial hypotension, severe	e sepsis,
nor septic shock at this time. No additional crys	
fluid resuscitation bolus indicated at this time (Si	
Response)	ingio
	Davidiae Once
() Patient does not have initial hypotension,	Routine, Once
severe sepsis, nor septic shock at this time.	
No additional crystalloid IV fluid	
resuscitation bolus indicated at this time	
) No (Single Response)	
() lactated ringers IV bolus + Vital Signs OR infusion	nn
(Single Response)	511
	utoo v. 4
() lactated ringers IV bolus + Vitals Every 15 Minu	utes x 4 "And" Linked Panel
Hours	
[] lactated ringers bolus	30 mL/kg, intravenous, once, For 1 Doses
	Reassess patient after IV fluid bolus given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of second bolus
	Doses start immediately.
	Notify provider immediately upon completion of fluid bolus
	administration.
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
() lactated ringers IV infusion	"And" Linked Panel
[] lactated ringer's infusion	126 mL/hr, intravenous, continuous
1. 0	Reassess patient after 1 L of IV fluid given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of additional
	fluids.
	Doses start immediately.
	Notify provider immediately upon completion of administration of 1 L of
	fluid.
() sodium chloride 0.9% bolus + Vital Signs OR inf	
(Single Response)	
() sodium chloride 0.9% bolus + Vitals Every 15 N	Minutes x "And" Linked Panel
4 Hours	VIIIMOO A FAIR EITHOU I UIIOI
4 NUUIS	

[] sodium chloride 0.9 % bolus	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus Doses start immediately. Notify provider immediately upon completion of fluid bolus administration.
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
() sodium chloride 0.9% infusion	"And" Linked Panel
[] sodium chloride 0.9% infusion	126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids. Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid.
 () Patient does not have initial hypotension, seven nor septic shock at this time. No additional of fluid resuscitation bolus indicated at this time Response) 	crystalloid IV
 Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. 	Routine, Once
No additional crystalloid IV fluid resuscitation bolus indicated at this time	
No additional crystalloid IV fluid resuscitation bolus indicated at this time Antibiotics ** if not already started within the last 24 hours ** Please Select the appropriate indication(s) for an	tibiotic use below:
No additional crystalloid IV fluid resuscitation bolus indicated at this time Antibiotics ** if not already started within the last 24 hours ** Please Select the appropriate indication(s) for an [additional community-Acquired Pneumonia (Single Response)]	ntibiotic use below:
No additional crystalloid IV fluid resuscitation bolus indicated at this time Antibiotics ** if not already started within the last 24 hours ** Please Select the appropriate indication(s) for an	ntibiotic use below:
No additional crystalloid IV fluid resuscitation bolus indicated at this time Antibiotics ** if not already started within the last 24 hours ** Please Select the appropriate indication(s) for an Community-Acquired Pneumonia (Single Responses your patient have a SEVERE penicillin allegements)	ntibiotic use below:
No additional crystalloid IV fluid resuscitation bolus indicated at this time Antibiotics ** if not already started within the last 24 hours ** Please Select the appropriate indication(s) for an I Community-Acquired Pneumonia (Single Response) () No (Single Response) () cefTRIAXone (ROCEPHIN) 1 g IV + azithrological points and the second started in the second started started in the second	ontibiotic use below: Donse) ergy?
No additional crystalloid IV fluid resuscitation bolus indicated at this time Antibiotics ** if not already started within the last 24 hours ** Please Select the appropriate indication(s) for an Does your patient have a SEVERE penicillin allements. () No (Single Response)	ontibiotic use below: Donse) ergy?

[] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon
() cefTRIAXone (ROCEPHIN) 1 g IV + levofloxacin	patient's clinical response and source identification "And" Linked Panel
(LEVAQUIN) 750 mg IV	And Linked Lane
[] cefTRIAXone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon
[] levofloxacin (LEVAQUIN) IV	patient's clinical response and source identification 750 mg, intravenous, every 24 hours
[] levellexaem (EE v/Agenty) iv	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
() cefTRIAXone (ROCEPHIN) 1 g intraMUSCULAR azithromycin (ZITHROMAX) 500 mg IV	·
[] cefTRIAXone (ROCEPHIN) IM	1 g, intramuscular, every 24 hours
	Intramuscular route selected because no IV access available.
	Administer dose by deep IM into large muscle mass (e.g. gluteal
	muscles or lateral part of the thigh). IM Route Selection: I have opted to select the IM route because IV
	access could not be established
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon
	patient's clinical response and source identification
() cefTRIAXone (ROCEPHIN) 1 g intraMUSCULA levofloxacin (LEVAQUIN) 750 mg IV	
[] cefTRIAXone (ROCEPHIN) IM	1 g, intramuscular, every 24 hours
	Intramuscular route selected because no IV access available.
	Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh).
	Reason for Therapy: Bacterial Infection Suspected
	IM Route Selection: I have opted to select the IM route because IV
	access could not be established
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon
	patient's clinical response and source identification
[] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon
) Yes (Single Response)	patient's clinical response and source identification
() aztreonam (AZACTAM) 2 g IV + azithromycin (ZITHROMAX) 500 mg IV	"And" Linked Panel
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 6 hours
	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

	[] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic
		When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification
	() aztreonam (AZACTAM) 2 g intraMUSCULAR +	"And" Linked Panel
	azithromycin (ZITHROMAX) 500 mg IV	
	[] aztreonam (AZACTAM) IM	2 g, intramuscular, every 6 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established
	[] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic
		When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[]	Nosocomial Pneumonia OR Community-Acquired Pneumonia with Multi Drug-Resistant Risk (Single Response)	
	immunosuppressed, on home infusion therapy or ho	nycin may be associated with an increased incidence of acute kidney
-		, · · · · · · · · · · · · · · · · · · ·
_	() No SEVERE Penicillin OR Vancomycin Allergy (Response)	
	Use meropenem (MERREM) if history of infection piperacillin/tazobactam or cefepime.	with ESBL-producing organism or recent prolonged treatment with
	() ceFEPime 2 g IV + vancomycin 15 mg/kg IV	

[] ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon
	patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Col Dose (Selection Required)	nsult to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
[] Pharmacy consult to manage vancomycin	upon patient's clinical response and source identification STAT, Until discontinued, Starting S
[] Friamacy consult to manage varicomycin	Reason for Therapy: Bacterial Infection Suspected
	Duration of Therapy (Days):
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
	Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired
[] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg	Pneumonia with Multi-Drug Resistant Risk
[] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg levofloxacin 750 mg IV (Single Response)	g/kg IV +/-
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses
() 2	Classification: Narrow Spectrum Antibiotic
	When multiple entimierabial agents are ordered, you may administer
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis

() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
[] Optional IV Antibiotic Addition - tobramycin	upon patient's clinical response and source identification (TOBREX) 7
mg/kg IV [] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk
() piperacillin-tazobactam (ZOSYN) 4.5 g IV + v 15 mg/kg IV (NOT HMW)	·
[] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
[] vancomycin (V/ANCOCIN) IV + Phormacy C	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy C Dose (Selection Required)	consult to

[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Reason for Therapy: Bacterial Infection Suspected
	Duration of Therapy (Days):
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
	Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired
	Pneumonia with Multi-Drug Resistant Risk
Adjunct Antibiotics - amikacin (AMIKIN) 15 mg levofloxacin 750 mg IV (Single Response)	/kg IV +/-
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agent
	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agent
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk
() piperacillin-tazobactam (ZOSYN) EI 4.5 g IV + vancomycin 15 mg/kg IV (HMW Only)	
[] piperacillin-tazobactam EI (ZOSYN) 4.5 g IV (H	MW Only) "Followed by" Linked Panel
[] piperacillin-tazobactam (ZOSYN) 4.5 g IV Once	4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent
	upon patient's clinical response and source identification
[] piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours	4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+6 Hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	pult to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Indication: Sepsis

[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Reason for Therapy:
	Duration of Therapy (Days):
	Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk
Adjunct Antibiotics - amikacin (AMIKIN) 15 mg levofloxacin 750 mg IV (Single Response)	/kg IV +/-
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours
() TOVOTIONADITY (ELE VINGOTIA) TV	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agent
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
	Reason for Therapy:
] Optional IV Antibiotic Addition - tobramycin (TO mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours
	Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agent
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S
	Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired
	malcation. Sepsis - Nosocomiai Eneumonia oi Community-Acquired
	Pneumonia with Multi-Drug Resistant Risk

[] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon
[] vancomyoin (\/ANCOCIN) IV + Pharmacy Cor	patient's clinical response and source identification
vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required)	ISUIT TO
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours
[] vancemyem (vance em)	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Reason for Therapy: Bacterial Infection Suspected
	Duration of Therapy (Days):
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
	Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired
[] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg	Pneumonia with Multi-Drug Resistant Risk
Adjunct Antibiotics - amikacin (AMIKIN) 15 mg levofloxacin 750 mg IV (Single Response)	gregiv +/-
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses
() amikacin (Awiikin) iv	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis

() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Optional IV Antibiotic Addition - tobramycin (TC mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours
[] tobramyom (TOBREX) TV	Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk
() ceFEPime 2 g intraMUSCULAR + vancomycin 1	5 mg/kg
[] cefepime (MAXIPIME) IM	2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon
[]	patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	Suit to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Reason for Therapy: Bacterial Infection Suspected
	Duration of Therapy (Days): Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
	Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired
	Pneumonia with Multi-Drug Resistant Risk
Adjunct Antibiotics - amikacin (AMIKIN) 15 mg	·
levofloxacin 750 mg IV (Single Response)	45 //
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agent
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours
(,,,,	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agent
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
Optional IV Antibiotic Addition - tobramycin (TO mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours
	Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agen
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S
Li Thamas, sensent to doos tooramyon	Which aminoglycoside do you need help dosing? tobramycin
	Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired
	Pneumonia with Multi-Drug Resistant Risk

[] meropenem (MERREM) intraMUSCULAR	0.5 g, intramuscular, every 6 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh) Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon
[1] vencemicin (VANCOCINI) IV + Dhermony Cor	patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required)	ISUIT TO
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours
[] tansanyan (matasan)	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired
F.1. Addition of Australia institute and the size (ANAUZINI) 45 and	Pneumonia with Multi-Drug Resistant Risk
[] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg levofloxacin 750 mg IV (Single Response)	g/kg 1V +/-
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Optional IV Antibiotic Addition - tobramycin (T mg/kg IV	

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk
SEVERE Penicillin Allergy (Single Response)	
	on - anaphylaxis, bronchospasm, angioedema, urticaria)
) aztreonam (AZACTAM) 2 g IV + vancomycin IV	15 mg/kg
aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wa for the first antibiotic to infuse. If agents are Y-site compatible, they m be administered per Y-site protocols. IF the ordered agents are NOT
	site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination o broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
[] vancomycin (VANCOCIN) IV + Pharmacy C Dose (Selection Required)	Indication: Sepsis Consult to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	upon patient's clinical response and source identification

() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification
] Suspected Anaerobe Coverage: metroNIDAZO	OLE .
(FLAGYL) 500 mg IV [] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
aztreonam (AZACTAM) 2 g intraMUSCULAR + vancomycin 15 mg/kg IV	
[] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 8 hours (Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established

[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/ levofloxacin 750 mg IV (Single Response)	kg IV +/-
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agen are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent
	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
] Suspected Anaerobe Coverage: metroNIDAZC (FLAGYL) 500 mg IV	
[] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected

piperacillin/tazobactam or cefepime. () ceFEPime 2 g IV + linezolid (ZYVOX) 600 mg IVPB [] ceFEPime (MAXIPIME) IV 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification [] linezolid in dextrose 5% (ZYVOX) 600 600 mg, intravenous, for 60 Minutes, every 12 hours mg/300 mL IVPB Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification [] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV +/levofloxacin 750 mg IV (Single Response) () amikacin (AMIKIN) IV 15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis () levofloxacin (LEVAQUIN) IV 750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible. they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification [] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV

Use meropenem (MERREM) if history of infection with ESBL-producing organism or recent prolonged treatment with

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk
) ceFEPime 2 g intraMUSCULAR + linezolid (ZY	(VOX) 600
mg IVPB [] cefepime (MAXIPIME) IM	2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal
	muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV
	access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Adjunct Antibiotics - amikacin (AMIKIN) 15 m levofloxacin 750 mg IV (Single Response)	g/kg IV +/-
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification
[] Optional IV Antibiotic Addition - tobramycin (Tomg/kg IV	OBREX) 7
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired
() piperacillin-tazobactam (ZOSYN) 4.5 g IV + line (ZYVOX) 600 mg IVPB (NOT HMW)	Pneumonia with Multi-Drug Resistant Risk zolid
[] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] Adjunct Antibiotics - amikacin (AMIKIN) 15 m levofloxacin 750 mg IV (Single Response)	ig/kg IV +/-
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses
() a.ia	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
[] Optional IV Antibiotic Addition - tobramycin (
mg/kg IV	,
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours
	Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
[1] Dhormony consult to does to be accessed	Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminophysoside do you need help desing? tehramysin
	Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired
	Pneumonia with Multi-Drug Resistant Risk
() piperacillin-tazobactam (ZOSYN) EI IV + linezo (ZYVOX) 600 mg IVPB (HMW Only)	
[] piperacillin-tazobactam (ZOSYNI) EI IV	4.5 g, intravenous, for 4 Hours, every 8 hours
[] piperasiiiii tazasastaiii (2001tti) 2111	Classification: Broad Spectrum Antibiotic
	·
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon
	patient's clinical response and source identification

[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Adjunct Antibiotics - amikacin (AMIKIN) 15 m levofloxacin 750 mg IV (Single Response)	ng/kg IV +/-
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent
[] Optional IV Antibiotic Addition - tobramycin (upon patient's clinical response and source identification TOBREX) 7
mg/kg IV [] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours
,	Pharmacy Consult to dose based on renal function Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk
() meropenem (MERREM) 500 mg IV + linezolid	(ZYVOX)

[] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they ma
	be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they ma
	be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Adjunct Antibiotics - amikacin (AMIKIN) 15 m levofloxacin 750 mg IV (Single Response)	g/kg IV +/-
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired
SEVERE Penicillin AND Vancomycin Allergy (Pneumonia with Multi-Drug Resistant Risk Single
Response)	n anamhulavia huanahaanaan anaisadana untisaria\
(i.e. Type 1 immediate hypersensitivity reaction	n - anaphylaxis, bronchospasm, angioedema, urticaria)
aztreonam (AZACTAM) 2 g IV + linezolid (ZY mg IVPB	VOX) 600
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they mabe administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
[] linezolid in dextrose 5% (ZYVOX) IVPB	Indication: Sepsis 600 mg, intravenous, for 60 Minutes, every 12 hours
	Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Suspected Anaerobe Coverage: metroNIDAZ (FLAGYL) 500 mg IV	
[] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() aztreonam (AZACTAM) 2 g intraMUSCULAR (ZYVOX) 600 mg IVPB	+ linezolid
[] aztreonam (AZACTAM) injection	2 g, intramuscular, every 8 hours (Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

levofloxacin 750 mg IV (Single Response) () amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses
() amikacin (Alvirkin) iv	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Suspected Anaerobe Coverage: metroNIDA	
(FLAGYL) 500 mg IV	
[] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 8 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
Urinary Tract Infection (Single Response)	
Does your patient have a SEVERE penicillin alle	rgy?
() No (Single Response)	
() cefTRIAXone (ROCEPHIN) 1 g IV	
	1 a intravanque for 30 Minutae avary 24 houre
[] cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours
[] Cerrinaxone (ROCEPHIN) IV	Classification: Broad Spectrum Antibiotic
[] Cerrilaxone (ROCEPHIN) IV	Classification: Broad Spectrum Antibiotic
[] Cerrinaxone (ROCEPHIN) IV	
[] Cerriaxone (ROCEPHIN) IV	Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
[] Cerralaxone (ROCEPHIN) IV	Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
[] Cerralaxone (ROCEPHIN) IV	Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
[] Cerralaxone (ROCEPHIN) IV	Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
[] Cerralaxone (ROCEPHIN) IV	Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
[] Cerralaxone (ROCEPHIN) IV	Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
[] Cerralaxone (ROCEPHIN) IV	Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
Classification: Narrow Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
_AR
1 g, intramuscular, every 24 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon
patient's clinical response and source identification
(TOBREX) 7
7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
Classification: Narrow Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
1 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic

mg/kg IV	7 mg/kg introvenous for 60 Minutes, event 24 hours
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agen are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
ceFEPime 2 g intraMUSCULAR	
[] cefepime (MAXIPIME) intraMUSCULAR	2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upopatient's clinical response and source identification
] Optional IV Antibiotic Addition - tobramycin ((TOBREX) 7
mg/kg IV [] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection

[] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Optional IV Antibiotic Addition - tobramycin (mg/kg IV	TOBREX) 7
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin
(700/4) 51 45 - 1/4	Indication: Sepsis - Urinary Tract Infection
() piperacillin-tazobactam (ZOSYN) EI 4.5 g IV ([] piperacillin-tazobactam (ZOSYN) EI IV	4.5 g, intravenous, for 4 Hours, every 8 hours
[] [] [] [] [] [] [] [] [] [] [] [] [] [Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Optional IV Antibiotic Addition - tobramycin (mg/kg IV	TOBREX) 7
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sensis

[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
) ertapenem (INVANZ) 1 g IV	
[] ertapenem (INVanz) IV	1 g, intravenous, every 24 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wai for the first antibiotic to infuse. If agents are Y-site compatible, they make administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upor patient's clinical response and source identification
[] Optional IV Antibiotic Addition - tobramycin (mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
) ertapenem (INVANZ) 1 g in lidocaine (PF) intraMUSCULAR	,
[] ertapenem in lidocaine PF (INVanz) intraMUSCULAR	1 g, intramuscular, every 24 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). DO NOT GIVE IM ertapenem INTRAVENOUSLY! (Solution contains lidocaine). Administer IM ertapenem within 1 hr of reconstitution! Reason for Therapy: Bacterial Infection Suspected
	IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upor

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
) meropenem (MERREM) IV	· · ·
[] meropenem (MERREM) IV	1 g, intravenous, every 24 hours Classification: Broad Spectrum Antibiotic
Optional IV Antibiotic Addition - tobramycin (7)	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification OBREX) 7
mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin
Pharmacy consult to dose tobramycin meropenem (MERREM) 1 g intraMUSCULAR	Routine, Until discontinued, Starting S

[] Optional IV Antibiotic Addition - tobramycin (mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
Yes (Single Response)	
() aztreonam (AZACTAM) 2 g IV	
[] aztreonam (AZACTAM) 2 g IV	2 g, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not water for the first antibiotic to infuse. If agents are Y-site compatible, they must be administered per Y-site protocols. IF the ordered agents are NOT site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7
mg/kg IV + Pharmacy Consult to Dose [] tobramycin (TOBREX) 7 mg/kg IVPB	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function Reason for Therapy: Bacterial Infection Suspected
[] Pharmacy consult to dose tobramycin	Indication: Sepsis STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
() aztreonam (AZACTAM) intraMUSCULAR	· · · · · · · · · · · · · · · · · · ·
[] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 8 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established
[] Optional IV Antibiotic Addition - tobramycin (mg/kg IV + Pharmacy Consult to Dose	
[] tobramycin (TOBREX) 7 mg/kg IVPB	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
Skin and Soft Tissue Infection - Uncomplicated Co	ellulitis

() No (Single Response)	
() cefTRIAxone (ROCEPHIN) 1 g IV + vancomycin	IV 15
mg/kg	
[] cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, daily
[1] ************************************	Classification: Narrow Spectrum Antibiotic
	2,111
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Cons	
[] vancomycin (VANCOCIN) IV + Pharmacy ConstitutionsDose (Selection Required)	out to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours
·	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
., ,	Reason for Therapy: Bacterial Infection Suspected
	Duration of Therapy (Days): 3
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
() cefTRIAXone (ROCEPHIN) intraMUSCULAR x	
ceftriaxone (ROCEPHIN) IV + vancomycin 15 m	
[] cefTRIAXone (ROCEPHIN) intraMUSCULAR x AND cefTRIAXone (ROCEPHIN) IV x 2 Days	Once "Followed by" Linked Panel
[] cefTRIAXone (ROCEPHIN) IM	1 g, intramuscular, once, For 1 Doses
L1 COLLING COLLING IN	Intramuscular route selected because no IV access available.
	Administer dose by deep IM into large muscle mass (e.g. gluteal
	muscles or lateral part of the thigh).
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	IM Route Selection: I have opted to select the IM route because IV
	access could not be established

[] cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, daily, Starting S+1 Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours, For 3 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): 3 Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
() Yes (Single Response)	·
() cefTRIAxone (ROCEPHIN) 1 g IV + linezolid (Z) 600 mg IV	
[] cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 12 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
() cefTRIAXone (ROCEPHIN) intraMUSCULAR x	1 -
ceftriaxone (ROCEPHIN) IV + linezolid 600 mg [] cefTRIAXone (ROCEPHIN) intraMUSCULAR > AND cefTRIAXone (ROCEPHIN) IV x 2 Days	
[] cefTRIAXone (ROCEPHIN) IM	1 g, intramuscular, once, For 1 Doses Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established
[] cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, daily, Starting S+1 Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB	600 mg, intravenous, for 60 Minutes, daily Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon
Skin and Soft Tissue Infection - Complicated (necro	patient's clinical response and source identification
fasciitis, gangrene, diabetic foot) (Single Response) Does your patient have a SEVERE penicillin AND/C	
() No SEVERE Penicillin OR Vancomycin Allergy	
[] piperacillin-tazobactam (ZOSYN) 4.5 g IV + van 15 mg/kg IV (NOT HMW)	comycin

[] piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, for .5 Hours, every 6 hours
	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon
	patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Con- Dose (Selection Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	Classification. Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
[1] Pharmany consult to manage vancemyoin	upon patient's clinical response and source identification STAT, Until discontinued, Starting S
[] Pharmacy consult to manage vancomycin	Reason for Therapy: Bacterial Infection Suspected
	Duration of Therapy (Days):
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Optional Adjunct: clindamycin (CLEOCIN)	900 mg, intravenous, for 30 Minutes, every 8 hours
900 mg IV	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
[] piperacillin-tazobactam (ZOSYN) EI 4.5 g IV + vancomycin 15 mg/kg IV (HMW Only)	
[] piperacillin-tazobactam (ZOSYN) EI IV	4.5 g, intravenous
[] P.P	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] vancomycin (VANCOCIN) IV + Pharmacy Col Dose (Selection Required)	nsult to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV	900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
) SEVERE Penicillin Allergy (Single Response)	ODDEW 7
() aztreonam (AZACTAM) 2 g IV + tobramycin (Timg/kg IV + vancomycin 15 mg/kg IV + clindam) (CLEOCIN) 600 mg IV	
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Complicated Skin and Soft Tissue Infection
vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required)	· · · · · · · · · · · · · · · · · · ·
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent
[] Pharmacy consult to manage vancomycin	upon patient's clinical response and source identification STAT, Until discontinued, Starting S
.,	Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

() aztreonam (AZACTAM) 2 g IV + tobramycin (TOBREX) 7 mg/kg IV + vancomycin 15 mg/kg IV + metroNIDAZOLE (FLAGYL) 500 mg IV

(47407444)	
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] tobramycin (TOBREX) 7 mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S
	Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Complicated Skin and Soft Tissue Infection
[] vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis - Complicated Skin and Soft Tissue Infection Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 6 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
 aztreonam (AZACTAM) 2 g intraMUSCULAR + tobramycin (TOBREX) 7 mg/kg IV + vancomyc mg/kg IV + clindamycin (CLEOCIN) 600 mg IV 	
[] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 8 hours (Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established
[] tobramycin (TOBREX) 7 mg/kg IV	access could not be established
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Complicated Skin and Soft Tissue Infection
[] vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required)	nsult to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification
Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] clindamycin (CLEOCIN) IV () aztreonam (AZACTAM) 2 g intraMUSCULAR + tobramycin (TOBREX) 7 mg/kg IV + vancomycin mg/kg IV + metroNIDAZOLE (FLAGYL) 500 mg I [] aztreonam (AZACTAM) intraMUSCULAR [] tobramycin (TOBREX) 7 mg/kg IV + Pharmacy to Dose [] tobramycin (TOBREX) 7 mg/kg IVPB [] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required) [] vancomycin (VANCOCIN) IV	be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis 15 V 2 g, intramuscular, every 8 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established Consult 7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
tobramycin (TOBREX) 7 mg/kg IV + vancomycin mg/kg IV + metroNIDAZOLE (FLAGYL) 500 mg I [] aztreonam (AZACTAM) intraMUSCULAR [] tobramycin (TOBREX) 7 mg/kg IV + Pharmacy to Dose [] tobramycin (TOBREX) 7 mg/kg IVPB [] Pharmacy consult to dose tobramycin [] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis 15 V 2 g, intramuscular, every 8 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established Consult 7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
tobramycin (TOBREX) 7 mg/kg IV + vancomycin mg/kg IV + metroNIDAZOLE (FLAGYL) 500 mg I [] aztreonam (AZACTAM) intraMUSCULAR [] tobramycin (TOBREX) 7 mg/kg IV + Pharmacy to Dose [] tobramycin (TOBREX) 7 mg/kg IVPB [] Pharmacy consult to dose tobramycin [] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	2 g, intramuscular, every 8 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established Consult 7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
[] aztreonam (AZACTAM) intraMUSCULAR [] tobramycin (TOBREX) 7 mg/kg IV + Pharmacy to Dose [] tobramycin (TOBREX) 7 mg/kg IVPB [] Pharmacy consult to dose tobramycin [] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	2 g, intramuscular, every 8 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established Consult 7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
to Dose [] tobramycin (TOBREX) 7 mg/kg IVPB [] Pharmacy consult to dose tobramycin [] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
Tobramycin (TOBREX) 7 mg/kg IVPB Pharmacy consult to dose tobramycin vancomycin (VANCOCIN) IV + Pharmacy Consult Dose (Selection Required)	Pharmacy Consult to dose based on renal function Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
[] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
[] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
[] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
Dose (Selection Required)	STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Complicated Skin and Soft Tissue Infection
	15 mg/kg, intravenous, every 12 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
[] Pharmacy consult to manage vancomycin	upon patient's clinical response and source identification STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected

[] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 6 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
SEVERE Vancomycin Allergy	
[] piperacillin-tazobactam (ZOSYN) 4.5 g IV + I (ZYVOX) 600 mg IV (NOT HMW)	inezolid
[] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, for .5 Hours, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification
[] Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV	900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

[] piperacillin-tazobactam (ZOSYN) EI IV	4.5 g, intravenous, for 4 Hours, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon
	patient's clinical response and source identification
[] Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV	900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() SEVERE Penicillin AND Vancomycin Allergy (S Response)	Single
() aztreonam (AZACTAM) 2 g IV + tobramycin (⁻ mg/kg IV + linezolid (ZYVOX) 600 mg IV + clir (CLEOCIN) 600 mg IV	
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours
	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] tobramycin (TOBREX) 7 mg/kg IV	писацоп. Образ
[] ····································	

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Complicated Skin and Soft Tissue Infection
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patiently elipical responses and source identification.
[] clindamycin (CLEOCIN) IV	patient's clinical response and source identification 900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
 aztreonam (AZACTAM) 2 g IV + tobramycin (Tomg/kg IV + linezolid (ZYVOX) 600 mg IV + metroNIDAZOLE (FLAGYL) 500 mg IV 	OBREX) 7
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
I.1. Dharmaeu agnault ta daga tahramyain	Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Complicated Skin and Soft Tissue Infection
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 6 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
 aztreonam (AZACTAM) 2 g intraMUSCULAR + tobramycin (TOBREX) 7 mg/kg IV + linezolid (ZY 600 mg IV + clindamycin (CLEOCIN) 600 mg IV 	VOX)
[] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Complicated Skin and Soft Tissue Infection
[] linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they mabe administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] clindamycin (CLEOCIN) IV	600 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they ma be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
) aztreonam (AZACTAM) 2 g intraMUSCULAR + tobramycin (TOBREX) 7 mg/kg IV + linezolid (Z 600 mg IV + metroNIDAZOLE (FLAGYL) 500 m	
[] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 8 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established

[] tobramycin (TOBREX) 7 mg/kg IVPB	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered ager are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Complicated Skin and Soft Tissue Infection
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not water the first antibiotic to infuse. If agents are Y-site compatible, they must be administered per Y-site protocols. IF the ordered agents are NOT site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 6 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
Sepsis of Unknown Source or IV Catheter-Related	·
Infection (Single Response) Does your patient have a SEVERE penicillin AND/Ol	R vancomycin allergy?
) No SEVERE Penicillin OR Vancomycin Allergy (S	ingle
·	comycin may be associated with an increased incidence of acute kidne
injury	

Printed on 5/10/2022 at 10:45 AM from TST Environment

[] ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Col Dose (Selection Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
[] Pharmacy consult to manage vancomycin	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
Optional IV Antibiotic Addition - tobramycin (T	upon patient's clinical response and source identification OBREX) 7
mg/kg IV [] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection

[] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	sult to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Optional IV Antibiotic Addition - tobramycin (TC mg/kg IV	· · · ·
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
() piperacillin-tazobactam (ZOSYN) EI 4.5 g IV + vancomycin 15 mg/kg IV (HMW Only)	
[] piperacillin-tazobactam EI (ZOSYN) 4.5 g IV (F	MW Only) "Followed by" Linked Panel

[] piperacillin-tazobactam (ZOSYN) 4.5 g IV Once	4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent
[] piperacillin-tazobactam (ZOSYN) 4.5 g IV	upon patient's clinical response and source identification 4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+6 Hours
[] piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
] vancomycin (VANCOCIN) IV + Pharmacy Cons	
Dose (Selection Required)	45
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Reason for Therapy:
	Duration of Therapy (Days): Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/ levofloxacin 750 mg IV (Single Response)	
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses
· · · · · · · · · · · · · · · · · · ·	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,

() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy:
[] Optional IV Antibiotic Addition - tobramycin mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired
) meropenem (MERREM) 500 mg IV + vancor	Pneumonia with Multi-Drug Resistant Risk nycin 15
mg/kg IV [] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
] Optional IV Antibiotic Addition - tobramycin (T mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
ceFEPime 2 g intraMUSCULAR + vancomycin IV	15 mg/kg
] cefepime (MAXIPIME) IM	2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agen are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
,	Reason for Therapy: Bacterial Infection Suspected
	Duration of Therapy (Days):
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
Optional IV Antibiotic Addition - tobramycin (Tomg/kg IV)	OBREX) 7
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours
	Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agen are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S
	Which aminoglycoside do you need help dosing? tobramycin
	Indication: Sepsis of Unknown Source or IV Catheter-Related
	Infection
meropenem (MERREM) 500 mg intraMUSCUL. vancomycin 15 mg/kg IV	AR +
] meropenem (MERREM) intraMUSCULAR	0.5 g, intramuscular, every 6 hours
	Administer dose by deep IM into large muscle mass (e.g. gluteal
	muscles or lateral part of the thigh)
	Reason for Therapy: Bacterial Infection Suspected
	IM Route Selection: I have opted to select the IM route because IV
	access could not be established
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon
[] vancomycin (VANCOCIN) IV + Pharmacy Co	patient's clinical response and source identification

[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Optional IV Antibiotic Addition - tobramycin (Tomg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
() SEVERE Penicillin Allergy (Single Response)	IIIIeGuon
	- anaphylaxis, bronchospasm, angioedema, urticaria)
() aztreonam (AZACTAM) 2 g IV + tobramycin (TO mg/kg IV + vancomycin 15 mg/kg IV	DBREX) 7
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] tobramycin (TOBREX) 7 mg/kg IV	

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
] vancomycin (VANCOCIN) IV + Pharmacy Co Dose (Selection Required)	nsult to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis Recommended duration is dependent
[] Pharmacy consult to manage vancomycin	upon patient's clinical response and source identification STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis of Unknown Source or IV Catheter-Related Infection Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
aztreonam (AZACTAM) 2 g intraMUSCULAR + tobramycin (TOBREX) 7 mg/kg IV + vancomyc mg/kg IV	
] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 8 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
[] vancomycin (VANCOCIN) IV + Pharmacy Consi Dose (Selection Required)	ult to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis of Unknown Source or IV Catheter-Related Infection Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
() SEVERE Vancomycin Allergy (Single Response)	
injury	comycin may be associated with an increased incidence of acute kidney
() ceFEPime 2 g IV + linezolid (ZYVOX) 600 mg IV	
[] ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
Optional IV Antibiotic Addition - tobramycin (7 mg/kg IV	TOBREX) 7
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
) piperacillin-tazobactam (ZOSYN) 4.5 g IV + lin (ZYVOX) 600 mg IV (NOT HMW)	
[] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon
[1] linezelid in devtroes 59/ (7VVOV) IV/DP	patient's clinical response and source identification
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon
d on 5/10/2022 at 10:45 AM from TST Environme	patient's clinical response and source identification

(TOBREX) 7
7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
Classification: Narrow Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
+ linezolid
4.5 g, intravenous, for 4 Hours, every 8 hours Classification: Broad Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
) meropenem (MERREM) 500 mg IV + linezolid (Z	
600 mg IV [] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they make administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
Optional IV Antibiotic Addition - tobramycin (TO mg/kg IV	BREX) 7
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
d on 5/10/2022 at 10:45 AM from TST Environment	Indication: Sepsis

[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
) ceFEPime 2 g intraMUSCULAR + linezolid (Z mg IV	YVOX) 600
[] cefepime (MAXIPIME) IM	2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Optional IV Antibiotic Addition - tobramycin mg/kg IV	(TOBREX) 7
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
) meropenem (MERREM) 500 mg intraMUSCU linezolid (ZYVOX) 600 mg IV	JLAR +
[] meropenem (MERREM) intraMUSCULAR	0.5 g, intramuscular, every 6 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh) Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Optional IV Antibiotic Addition - tobramycin (· · · · · · · · · · · · · · · · · · ·
mg/kg IV [] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
() SEVERE Penicillin AND Vancomycin Allergy (S	
Response) (i.e. Type 1 immediate hypersensitivity reaction	n - anaphylaxis, bronchospasm, angioedema, urticaria)
() aztreonam (AZACTAM) 2 g IV + tobramycin (7 mg/kg IV + linezolid (ZYVOX) 600 mg IV	TOBREX) 7
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
[] tobramycin (TOBREX) 7 mg/kg IV	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] (ODIAITIYOTI (TODNEA) / ITIY/KY IV	

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
() aztreonam (AZACTAM) 2 g intraMUSCULAR -	
tobramycin (TOBREX) 7 mg/kg IV + linezolid (i 600 mg IV	
[] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 8 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established
[] tobramycin (TOBREX) 7 mg/kg IV	access could not be established
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection

COO man interconnect for CO Minutes are 40 hours
600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
roducing organism or recent prolonged treatment with zosyn or cefepime. aidelines. Clinical Infectious Diseases 2010; 50:133-64. ANTIBIOTIC 016. Houston Methodist Hospital/Department of Laboratory
enem Required)
L) 500 mg
2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected

2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected
IM Route Selection: I have opted to select the IM route because IV access could not be established
Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
upon patient's clinical response and source identification
500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
45
4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
Recommendation: Sepsis: Recommended duration is dependent
upon patient's clinical response and source identification
ctam "Followed by" Linked Panel
4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification

[1] nineracillin-tazohaetam (709VNI) 4.5 a IV	
[] piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours	4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+6 Hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
() meropenem (MERREM) 500 mg IV	
[] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
() meropenem (MERREM) 500 mg intraMUSCUL	
[] meropenem (MERREM) injection	0.5 g, intramuscular, every 6 hours
	Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh).
	Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] IF health-care associated, ADD - vancomycin (VANCOCIN) IV (Selection Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wai for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification
Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
[1] The many content to manage variously on	Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis
[] The state of th	Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon
[] IF high risk or severe, consider antifungal covera	Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upor patient's clinical response and source identification
	Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upor patient's clinical response and source identification age - 400 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected
IF high risk or severe, consider antifungal covera fluconazole (DIFLUCAN) 400 mg IV	Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upor patient's clinical response and source identification age - 400 mg, intravenous, for 60 Minutes, every 24 hours
IF high risk or severe, consider antifungal covera fluconazole (DIFLUCAN) 400 mg IV	Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification age - 400 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
IF health-care associated, ADD - vancomycirIV (Selection Required)	15 mg/kg
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent
[] Pharmacy consult to manage vancomycin	upon patient's clinical response and source identification STAT, Until discontinued, Starting S
[] I Haimacy consult to manage varicomyciii	Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
 IF high risk or severe, consider antifungal cover fluconazole (DIFLUCAN) IV or micafungin (MY IV (Single Response) 	erage:

() fluconazole (DIFLUCAN) IV	800 mg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
() micafungin (MYCAMINE) IVPB (RESTRICTED)	100 mg, intravenous Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. 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: Other Specify: Sepsis Authorizing ID:
aztreonam (AZACTAM) 2 g intraMUSCULAR + metroNIDAZOLE (FLAGYL) 500 mg IV	
[] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established
] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] IF health-care associated, ADD - vancomycin IV (Selection Required)	

[] vancomycin (VANCOCIN)	
	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered ager are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days):
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
] IF high risk or severe, consider antifungal cover fluconazole (DIFLUCAN) IV or micafungin (MY	erage:
IV (Single Response)	<u> </u>
Note: Use fluconazole (DIFLUCAN) only in part	tients with absolutely no risk factors for C. glabrata or resistance
() fluconazole (DIFLUCAN) IV	800 mg, intravenous, for 60 Minutes, every 24 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agent
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
() micafungin (MYCAMINE) IVPB (RESTRICTED)	Recommendation: Sepsis: Recommended duration is dependent
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administed these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. 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
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. 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: Other Specify: Sepsis
(RESTRICTED)	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administed these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. 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: Other
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. 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: Other Specify: Sepsis
SEVERE Vancomycin Allergy ceFEPime + metroNIDAZOLE (FLAGYL) OR piperacillin-tazobactam (ZOSYN) IV OR merope	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. 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: Other Specify: Sepsis Authorizing ID:
SEVERE Vancomycin Allergy ceFEPime + metroNIDAZOLE (FLAGYL) OR	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 100 mg, intravenous Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. 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: Other Specify: Sepsis Authorizing ID:

[] ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy:
[] metronidazole (FLAGYL) IV	500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
) ceFEPime 2 g intraMUSCULAR + metroNIE	· · · · · · · · · · · · · · · · · · ·
(FLAGYL) 500 mg IV	
[] cefepime (MAXIPIME) IM	2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
[] metronidazole (FLAGYL) IV	upon patient's clinical response and source identification 500 mg, intravenous, every 8 hours
	Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
) piperacillin-tazobactam (ZOSYN) 4.5 g IV	
[] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent

[]	piperacillin-tazobactam (ZOSYN) 4.5 g IV Once	4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic
		When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
		upon patient's clinical response and source identification
[]	piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours	4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+6 Hours Classification: Broad Spectrum Antibiotic
		When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
		upon patient's clinical response and source identification
) r	meropenem (MERREM) 500 mg IV	
[]	meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent	
) r	meropenem (MERREM) 500 mg intraMUSCUL	upon patient's clinical response and source identification AR
[]	meropenem (MERREM) injection	0.5 g, intramuscular, every 6 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] IF health-care associated, ADD - linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] IF high risk or severe, consider antifungal cov fluconazole (DIFLUCAN) 400 mg IV	erage -
[] fluconazole (DIFLUCAN) IV	400 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon
() SEVERE Penicillin AND Vancomycin Allergy (S	patient's clinical response and source identification Single
Response) () aztreonam (AZACTAM) 2 g IV + metroNIDAZ	OLF
(FLAGYL) 500 mg IV	
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

[] IF health-care associated, ADD - linezolid 600 mg, intravenous, for 60 Minutes, every 12 hours in dextrose 5% (ZYVOX) IVPB Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification IF high risk or severe, consider antifungal coverage: fluconazole (DIFLUCAN) IV or micafungin (MYCAMINE) IV (Single Response) Note: Use fluconazole (DIFLUCAN) only in patients with absolutely no risk factors for C. glabrata or resistance () fluconazole (DIFLUCAN) IV 800 mg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification () micafungin (MYCAMINE) IVPB 100 mg, intravenous (RESTRICTED) Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. 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: Other Specify: Sepsis Authorizing ID: () aztreonam (AZACTAM) 2 g intraMUSCULAR + metroNIDAZOLE (FLAGYL) 500 mg IV [] aztreonam (AZACTAM) intraMUSCULAR 2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established

] metroNIDAZOLE (FLAGYL) IV	
	500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Bacterial Infection Suspected
1 IF booth care accepiated ADD line rolid in	Indication: Sepsis
IF healthcare-associated, ADD - linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
 IF high risk or severe, consider antifungal cov fluconazole (DIFLUCAN) IV or micafungin (MI IV (Single Response) 	
	atients with absolutely no risk factors for C. glabrata or resistance
() fluconazole (DIFLUCAN) IV	800 mg, intravenous, for 60 Minutes, every 24 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
	Reason for Therapy:
() micafungin (MYCAMINE) IVPB (RESTRICTED)	100 mg, intravenous Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. 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?
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. 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
acterial Meningitis - Community-Acquired and	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. 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: Other

() No SEVERE Penicillin OR Vancomycin Allergy (Response)	Single
	of proven or suspected pneumococcal meningitis due to S. pneumoniae
() cefTRIAXone (ROCEPHIN) 2 g IV + vancomyc	
mg/kg IV - For Patients LESS than 50 years old [] cefTRIAxone (ROCEPHIN) IV	2 g, intravenous, for 30 Minutes, every 12 hours
[] Certifiaxone (NOCEI Fility) IV	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Cor	
Dose (Selection Required) [] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours
[] valicomycin (v/nvocomy	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
[1] Dharman an annuit ta managa wan annuin	upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected
	Duration of Therapy (Days):
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] OPTIONAL Additional Therapies -	0.15 mg/kg, intravenous, once, For 1 Doses
dexamethasone (DECADRON) IV	Administer 15-20 minutes before 1st dose of antibiotics.
() cefTRIAXone (ROCEPHIN) 2 g IV + vancomyc mg/kg IV + ampicillin 2 g IV - For Patients GRE	
than 50 years old [] cefTRIAxone (ROCEPHIN) IV	2 g, intravenous, for 30 Minutes, every 12 hours
[] Certifixone (NOCEFTIIIV) IV	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon
[] vancomycin (VANCOCIN) IV + Pharmacy Cor	patient's clinical response and source identification nsult to
Dose (Selection Required)	

[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
[] ampicillin IV	upon patient's clinical response and source identification
[] ampicillin IV	2 g, intravenous, for 30 Minutes, every 4 hours Classification: Narrow Spectrum Antibiotic
LL ODTIONAL Additional Theoretics	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV	0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.
[] OPTIONAL Additional Therapies - riFAMpin (RIFADIN) capsule	600 mg, oral, daily Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
) cefTRIAXone (ROCEPHIN) 2 g intraMUSCULA vancomycin 15 mg/kg IV - For Patients LESS th years old	R +
[] cefTRIAXone (ROCEPHIN) IM	2 g, intramuscular, every 12 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] OPTIONAL Additional Therapies -	0.15 mg/kg, intravenous, once, For 1 Doses
dexamethasone (DECADRON) IV [] OPTIONAL Additional Therapies - riFAMpin	Administer 15-20 minutes before 1st dose of antibiotics. 600 mg, oral, daily
(RIFADIN) capsule	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() cefTRIAXone (ROCEPHIN) 2 g intraMUSCULA vancomycin 15 mg/kg IV + ampicillin 2 g intraMUSCULAR - For Patients GREATER that old	n 50 years
[] cefTRIAXone (ROCEPHIN) IM	2 g, intramuscular, every 12 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] ampicillin IM	2 g, intramuscular, every 4 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] OPTIONAL Additional Therapies -	0.15 mg/kg, intravenous, once, For 1 Doses
dexamethasone (DECADRON) IV	Administer 15-20 minutes before 1st dose of antibiotics.
[] OPTIONAL Additional Therapies - riFAMpin	600 mg, oral, daily
(RIFADIN) capsule	Reason for Therapy: Bacterial Infection Suspected
, ,	Indication: Sepsis
) SEVERE Penicillin Allergy (Single Response)	
Dexamethasone is recommended for treatment	of proven or suspected pneumococcal meningitis due to S. pneumoniae
() aztreonam (AZACTAM) 2 g IV + vancomycin 19	5 mg/kg
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 12 hours
[] azwonam (/ iz/to///im///	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
[] vancomycin (VANCOCIN) IV + Pharmacy Cor	
	nsuit to
Dose (Selection Required)	
	15 mg/kg, intravenous, every 12 hours
Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours
Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer
Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
Dose (Selection Required) [] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis
Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis STAT, Until discontinued, Starting S
Dose (Selection Required) [] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis
Dose (Selection Required) [] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis
Dose (Selection Required) [] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
Dose (Selection Required) [] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
Dose (Selection Required) [] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis - Bacterial Meningitis - Community-Acquired and
Dose (Selection Required) [] vancomycin (VANCOCIN) [] Pharmacy consult to manage vancomycin	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis - Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT
Dose (Selection Required) [] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis - Bacterial Meningitis - Community-Acquired and

[] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 12 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established
[] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis
Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis - Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT
[] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV	0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.
() SEVERE Vancomycin Allergy (Single Response)	
Dexamethasone is recommended for treatment of	proven or suspected pneumococcal meningitis due to S. pneumoniae
() cefTRIAXone (ROCEPHIN) 2 g IV + linezolid (ZN 600 mg IV - For Patients LESS than 50 years old	
[] cefTRIAxone (ROCEPHIN) IV	2 g, intravenous, for 30 Minutes, every 12 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification

[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV	0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.
 cefTRIAXone (ROCEPHIN) 2 g IV + linezolid (Z 600 mg IV + ampicillin 2 g IV - For Patients GR than 50 years old 	
[] cefTRIAxone (ROCEPHIN) IV	2 g, intravenous, for 30 Minutes, every 12 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required)	isuit to
[] vancomycin (VANCOCIŃ)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

[] ampicillin IV	2 g, intravenous, for 30 Minutes, every 4 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] OPTIONAL Additional Therapies -	0.15 mg/kg, intravenous, once, For 1 Doses
dexamethasone (DECADRON) IV	Administer 15-20 minutes before 1st dose of antibiotics.
[] OPTIONAL Additional Therapies - riFAMpin (RIFADIN) capsule	600 mg, oral, daily Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
) cefTRIAXone (ROCEPHIN) 2 g intraMUSCULA linezolid (ZYVOX) 600 mg IV - For Patients LES 50 years old	R+
[] cefTRIAXone (ROCEPHIN) IM	2 g, intramuscular, every 12 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upo
	patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Con Dose (Selection Required)	isuit to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent

[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV	0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.
[] OPTIONAL Additional Therapies - riFAMpin (RIFADIN) capsule	600 mg, oral, daily Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
 cefTRIAXone (ROCEPHIN) 2 g intraMUSCULA linezolid (ZYVOX) 600 mg IV + ampicillin 2 g intraMUSCULAR - For Patients GREATER than old 	R +
[] cefTRIAXone (ROCEPHIN) IM	2 g, intramuscular, every 12 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon potiently aligned recommended agreed identification.
[] ampicillin IM	patient's clinical response and source identification 2 g, intramuscular, every 4 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV	0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.
[] OPTIONAL Additional Therapies - riFAMpin (RIFADIN) capsule	600 mg, oral, daily Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
SEVERE Penicillin AND Vancomycin Allergy (Sir Response)	·
	of proven or suspected pneumococcal meningitis due to S. pneumoniae

[] aztreonam (AZACTAM) IV	2 g, intravenous, every 12 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] OPTIONAL Additional Therapies -	0.15 mg/kg, intravenous, once, For 1 Doses
dexamethasone (DECADRON) IV () aztreonam (AZACTAM) 2 g intraMUSCULAR	Administer 15-20 minutes before 1st dose of antibiotics. + linezolid
(ZYVOX) 600 mg IV	· info2olid
[] aztreonam (AZACTAM) IM	2 g, intramuscular, every 12 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] OPTIONAL Additional Therapies -	0.15 mg/kg, intravenous, once, For 1 Doses
dexamethasone (DECADRON) IV Bacterial Meningitis - ImmunoCOMPROMISED,	Administer 15-20 minutes before 1st dose of antibiotics.
,	(C)

^[] Bacterial Meningitis - ImmunoCOMPROMISED, Post-Neurosurgery or Penetrating Head Trauma (Single Response)

Does your patient have a SEVERE penicillin allergy	??
() No SEVERE Penicillin OR Vancomycin Allergy (Response)	Single
Dexamethasone is recommended for treatment of	of proven or suspected pneumococcal meningitis due to S. pneumoniae
() ceFEPime 2 g IV or meropenem (MERREM) 2 vancomycin 15 mg/kg IV - For Patients LESS theyears old	nan 50
[] ceFEPime 2 g IV or meropenem (MERREM) 2 (Single Response)	2 g IV
() ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification
() meropenem (MERREM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[1]	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required)	isuit to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis - Bacterial Meningitis - Community-Acquired and ImmunoSUPPRESSED

[] OPTIONAL Additional Therapies -	0.15 mg/kg, intravenous, once, For 1 Doses
dexamethasone (DECADRON) IV () ceFEPime 2 g IV or meropenem (MERREM) 2	Administer 15-20 minutes before 1st dose of antibiotics.
() ceFEPime 2 g IV or meropenem (MERREM) 2 vancomycin 15 mg/kg IV + ampicillin 2 g IV - Fo	
GREATER than 50 years old	of Fationics
[] ceFEPime 2 g IV or meropenem (MERREM) 2	2 a IV
(Single Response)	- 9 17
() ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours
	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
() meropenem (MERREM) IV	2 g, intravenous, every 8 hours
()	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Cor	nsult to
Dose (Selection Required) [] vancomycin (VANCOCIN)	15 mg/kg introvenous every 12 hours
[] varicomycin (vancocin)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	Classification. Nation openium Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy:
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
11 . Hamas, sonoun to manage varioumyour	Reason for Therapy:
	Duration of Therapy (Days):
	Indication: Sepsis - Bacterial Meningitis - Community-Acquired and
	ImmunoSUPPRESSED

[] ampicillin IV	2 g, intravenous, for 30 Minutes, every 4 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
[] OPTIONAL Additional Therapies -	0.15 mg/kg, intravenous, once, For 1 Doses
dexamethasone (DECADRON) IV	Administer 15-20 minutes before 1st dose of antibiotics.
[] OPTIONAL Additional Therapies - riFAMpin (RIFADIN) capsule	600 mg, oral, daily Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
 () ceFEPime 2 g intraMUSCULAR or meropenem (MERREM) 2 g IV + vancomycin 15 mg/kg IV - I Patients LESS than 50 years old 	For
[] ceFEPime 2 g intraMUSCULAR + meropenem (MERREM) 2 g IV (Single Response)	
() cefepime (MAXIPIME) intraMUSCULAR	2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV
	access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
() meropenem (MERREM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) IV + Pharmacy Cons Dose (Selection Required)	sult to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
	upon patient's clinical response and source identification

access could not be established Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification () meropenem (MERREM) IV 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do n wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. If the ordered agen NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatiblity information determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification [] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required) [] vancomycin (VANCOCIN) 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered age are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification [] Pharmacy consult to manage vancomycin		
OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV Administre 15-20 minutes before 1st dose of antibiotics. OPTIONAL Additional Therapies - riFAMpin (RIFADIN) capsule (RIFADIN) ca	[] Pharmacy consult to manage vancomycin	Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
[] OPTIONAL Additional Therapies - riFAMpin (RIFADIN) capsule (Ortication: Sepsis) (Or		0.15 mg/kg, intravenous, once, For 1 Doses
Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis CeFEPime 2 g intraMUSCULAR or meropenem (MERREM) 2 g IV anapiciallia 2 g intraMUSCULAR - For Patients GREATER than 50 years old CefEPime 2 g intraMUSCULAR + meropenem (MERREM) 2 g IV (Single Response)		
(MERREM) 2 g IV + ampicillin 2 g intraMUSCULAR - For Patients GREATER than 50 years old ceFEPime 2 g intraMUSCULAR + meropenem (MERREM) 2 g IV (Single Response) cefepime (MAXIPIME) intraMUSCULAR Machinister dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh), Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because In access could not be established Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patients clinical response and source identification meropenem (MERREM) IV 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do n wait for the first antibiotic to infuse. If agents are Y-site compatibility they may be administered per Y-site protocols. If the ordered ager NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification		Reason for Therapy: Bacterial Infection Suspected
(MERREM) 2 g IV (Single Response) () cefepime (MAXIPIME) intraMUSCULAR 2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established indication: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification () meropenem (MERREM) IV 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Don wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered age are NOTY 's tile compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatiblity information: determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification [] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required) [] vancomycin (VANCOCIN) 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do no wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered age are NOTY site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and etermination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patie	(MERREM) 2 g IV + ampicillin 2 g intraMUSCUL	AR - For
() cefepime (MAXIPIME) intraMUSCULAR 2 g, intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because I'vincation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification. 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do no wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered agent are NOTY site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatiblity information: determination of broad-spectrum antibiotic selection chart. Reason for Therapy; Bacterial Infection Suspected Indication: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification [] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required) [] vancomycin (VANCOCIN) 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do no wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered age are NOTY vis the compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information at determination of broad-spectrum antibiotic rist. Refer to available Y site compatibility information at determination of broad-spectrum antibiotic rist. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic rist. Refer to available Y site compatibility information and de		
Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because I' access could not be established Indication: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification () meropenem (MERREM) IV 2 g. intravenous, every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do n wait for the first antibiotic to infuse. If agents are Y-site compatibile they may be administered per Y-site protocols. IF the ordered a are NOT Y site compatibile, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification [] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required) [] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required) [] vancomycin (VANCOCIN) 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do no wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered age are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatiblity information a determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification [] Pharmacy consult to manage vancomycin STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days):		Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal
upon patient's clinical response and source identification 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do n wait for the first antibiotic to infuse. If agents are Y-site compatibility they may be administered per Y-site protocols. If the ordered agen NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 1 vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required) 2 vancomycin (VANCOCIN) 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do no wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered age are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information at determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification 3 TAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days):		Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis
() meropenem (MERREM) IV 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do n wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered agene NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification [] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required) [] vancomycin (VANCOCIN) 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do no wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered age are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information at determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification [] Pharmacy consult to manage vancomycin STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days):		
these immediately at the SAME TIME via different IV sites. Do n wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered age are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information adetermination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification [] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required) [] vancomycin (VANCOCIN) 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered age are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification [] Pharmacy consult to manage vancomycin STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy: Bacterial Infection Suspected	() meropenem (MERREM) IV	2 g, intravenous, every 8 hours
upon patient's clinical response and source identification [] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required) [] vancomycin (VANCOCIN) 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered age are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information at determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days):		antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
Dose (Selection Required) [] vancomycin (VANCOCIN) 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered age are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information at determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification [] Pharmacy consult to manage vancomycin STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days):		upon patient's clinical response and source identification
[] vancomycin (VANCOCIN) 15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered age are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information at determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days):		sult to
these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible they may be administered per Y-site protocols. IF the ordered age are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information at determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days):		
[] Pharmacy consult to manage vancomycin STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days):		antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification	Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent

[] ampicillin IM	2 g, intramuscular, every 4 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV	0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.
() SEVERE Penicillin Allergy (Single Response)	Administer 15-20 minutes before 1st dose of antibiotics.
	of proven or suspected pneumococcal meningitis due to S. pneumoniae
	processing processing processing and the expressing and the expression and
() aztreonam (AZACTAM) 2 g IV + vancomycin 15 IV	5 mg/kg
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 12 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] vancomycin (VANCOCIN) IV + Pharmacy Cor	·
Dose (Selection Required) [] vancomycin (VANCOCIN) [] Pharmacy consult to manage vancomycin	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis STAT, Until discontinued, Starting S
	Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis - Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT
[] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV	0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.
() aztreonam (AZACTAM) 2 g intraMUSCULAR +	Administer 13-20 minutes before 15t 0058 of antibiotics.
vancomycin 15 mg/kg IV	

[] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 12 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established
[] vancomycin (VANCOCIN) IV + Pharmacy Const Dose (Selection Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Bacterial Infection Suspected Duration of Therapy (Days): Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Indication: Sepsis - Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT
[] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV	0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.
() SEVERE Vancomycin Allergy (Single Response)	
() ceFEPime 2 g IV or meropenem (MERREM) 2 g linezolid (ZYVOX) 600 mg IV - For Patients LESS 50 years old	Sthan
[] ceFEPime 2 g IV or meropenem (MERREM) 2 g (Single Response)	g IV
() ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification

() meropenem (MERREM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not write for the first patible to infuse. If agents are V site compatible
	wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon
) ceFEPime 2 g IV or meropenem (MERREM) i linezolid (ZYVOX) 600 mg IV + ampicillin 2 g Patients GREATER than 50 years old	
linezolid (ZYVOX) 600 mg IV + ampicillin 2 g Patients GREATER than 50 years old [] ceFEPime 2 g IV or meropenem (MERREM) (Single Response)	2 g IV + IV - For) 2 g IV
linezolid (ZYVOX) 600 mg IV + ampicillin 2 g Patients GREATER than 50 years old [] ceFEPime 2 g IV or meropenem (MERREM)	2 g IV + IV - For
linezolid (ZYVOX) 600 mg IV + ampicillin 2 g Patients GREATER than 50 years old [] ceFEPime 2 g IV or meropenem (MERREM) (Single Response)	2 g IV + IV - For 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
linezolid (ZYVOX) 600 mg IV + ampicillin 2 g Patients GREATER than 50 years old [] ceFEPime 2 g IV or meropenem (MERREM) (Single Response)	2 g IV + IV - For 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent
linezolid (ZYVOX) 600 mg IV + ampicillin 2 g Patients GREATER than 50 years old [] ceFEPime 2 g IV or meropenem (MERREM) (Single Response)	2 g IV + IV - For 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] ampicillin IV	2 g, intravenous, for 30 Minutes, every 4 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
) ceFEPime 2 g intraMUSCULAR or meropenem	Indication: Sepsis
(MERREM) 2 g IV + linezolid (ZYVOX) 600 mg l' Patients LESS than 50 years old	V - For
[] ceFEPime 2 g intraMUSCULAR + meropenem (MERREM) 2 g IV (Single Response)	
() cefepime (MAXIPIME) intraMUSCULAR	2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent
() meropenem (MERREM) IV	upon patient's clinical response and source identification 2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommended duration is dependent upon patient's clinical response and source identification

[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
 ceFEPime 2 g intraMUSCULAR or meropenem (MERREM) IV + linezolid (ZYVOX) 600 mg IV + ampicillin 2 g intraMUSCULAR - For Patients GF 	REATER
than 50 years old	
[] ceFEPime 2 g intraMUSCULAR + meropenem (MERREM) 2 g IV (Single Response)	
() cefepime (MAXIPIME) intraMUSCULAR	2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh).
	Reason for Therapy: Bacterial Infection Suspected IM Route Selection: I have opted to select the IM route because IV access could not be established
	Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
() meropenem (MERREM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon

[] ampicillin IV	2 g, intravenous, for 30 Minutes, every 4 hours Classification: Narrow Spectrum Antibiotic
	Classification. Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
SEVERE Penicillin AND Vancomycin Allergy (S	
Dexamethasone is recommended for treatmen	at of proven or suspected pneumococcal meningitis due to S. pneumoniae
) aztreonam (AZACTAM) 2 g IV + linezolid (ZY mg IV	VOX) 600
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 12 hours
	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
[1] Programme [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	Indication: Sepsis
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
) aztreonam (AZACTAM) 2 g intraMUSCULAR	patient's clinical response and source identification
(ZYVOX) 600 mg IV	patient's clinical response and source identification + linezolid
	patient's clinical response and source identification + linezolid 2 g, intramuscular, every 12 hours
(ZYVOX) 600 mg IV	patient's clinical response and source identification + linezolid 2 g, intramuscular, every 12 hours Intramuscular route selected because no IV access available.
(ZYVOX) 600 mg IV	patient's clinical response and source identification + linezolid 2 g, intramuscular, every 12 hours
(ZYVOX) 600 mg IV	patient's clinical response and source identification + linezolid 2 g, intramuscular, every 12 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected
(ZYVOX) 600 mg IV	patient's clinical response and source identification + linezolid 2 g, intramuscular, every 12 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh).

[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
sodium chloride 0.9% bag for line care	
[X] sodium chloride 0.9% bag for line care	250 mL, intravenous, PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.
Additional Management of Sepsis	
Colloid / Albumin (for patients not responding to	initial fluid resuscitation with crystalloids)
[] albumin human 5 % infusion	25 g, intravenous, once, For 1 Doses Administer 500 mL intravenous once for patients not responding to initialfluid resuscitation with crystalloids. Indication:
Vasopressor Therapy (if unresponsive to initial flu ** if unresponsive to initial fluid bolus **	uid bolus) (Single Response)
() norEPInephrine (LEVOPHED) IV infusion	4-30 mcg/min, intravenous, titrated
	Initiate norepinephrine infusion at 4 mcg/min. Titrate to keep MAP between 65 mmHg to 70 mmHg }. Titrate by 2 mcg/minute every 5 minutes. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min.
() EPINEPHrine (ADRENALIN) IV infusion	MAP between 65 mmHg to 70 mmHg }. Titrate by 2 mcg/minute every 5 minutes. Call MD if mean
	MAP between 65 mmHg to 70 mmHg }. Titrate by 2 mcg/minute every 5 minutes. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min. 2-30 mcg/min, intravenous, titrated Titrate by 2 micrograms per minute every 5 minutes for mean arterial pressure 65-70 mmHg. Call MD if mean arterial
() EPINEPHrine (ADRENALIN) IV infusion	MAP between 65 mmHg to 70 mmHg }. Titrate by 2 mcg/minute every 5 minutes. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min. 2-30 mcg/min, intravenous, titrated Titrate by 2 micrograms per minute every 5 minutes for mean arterial pressure 65-70 mmHg. Call MD if mean arterial
() EPINEPHrine (ADRENALIN) IV infusion Inotropic Therapy [] DOButamine (DOBUTREX) infusion Steroids **Per 2012 guidelines, steroid therapy is only record	MAP between 65 mmHg to 70 mmHg }. Titrate by 2 mcg/minute every 5 minutes. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min. 2-30 mcg/min, intravenous, titrated Titrate by 2 micrograms per minute every 5 minutes for mean arterial pressure 65-70 mmHg. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min. 0.5-20 mcg/kg/min, intravenous, titrated Titrate by 2 mcg/kg/min every 10 minutes for mean arterial pressure 65-70 mmHg. Call MD if mean arterial pressure is
() EPINEPHrine (ADRENALIN) IV infusion Inotropic Therapy [] DOButamine (DOBUTREX) infusion Steroids **Per 2012 guidelines, steroid therapy is only record and vasopressor therapy. Stress dose steroids show	MAP between 65 mmHg to 70 mmHg }. Titrate by 2 mcg/minute every 5 minutes. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min. 2-30 mcg/min, intravenous, titrated Titrate by 2 micrograms per minute every 5 minutes for mean arterial pressure 65-70 mmHg. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min. 0.5-20 mcg/kg/min, intravenous, titrated Titrate by 2 mcg/kg/min every 10 minutes for mean arterial pressure 65-70 mmHg. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 10 mcg/kg/min.

] Arterial blood gas	STAT For 1 Occurrences
] Venous blood gas	STAT For 1 Occurrences
Comprehensive metabolic panel	STAT For 1 Occurrences
Prothrombin time with INR	STAT For 1 Occurrences
] Partial thromboplastin time	STAT For 1 Occurrences
] Basic metabolic panel	STAT For 1 Occurrences
] CBC with differential	STAT For 1 Occurrences
] B natriuretic peptide	STAT For 1 Occurrences
] Troponin T	STAT For 1 Occurrences
] Fibrinogen	STAT For 1 Occurrences
] Hepatic function panel	STAT For 1 Occurrences
] Ionized calcium	STAT For 1 Occurrences
Lactic acid level	STAT For 1 Occurrences
] Magnesium	STAT For 1 Occurrences
] Phosphorus	STAT For 1 Occurrences
Type and screen	
[] Type and screen	STAT For 1 Occurrences, Blood Bank
[] ABO and Rh confirmation	Once, Blood Bank Confirmation
[] ABO and Kiroomimation	Choc, Blood Bank Committation
Laboratory - STAT	
<u> </u>	CTAT For 4 Occurrences
Arterial blood gas	STAT For 1 Occurrences
] Venous blood gas	STAT For 1 Occurrences
] Comprehensive metabolic panel	STAT For 1 Occurrences
Prothrombin time with INR, I-Stat	STAT For 1 Occurrences
] Partial thromboplastin time	STAT For 1 Occurrences
] Basic metabolic panel	STAT For 1 Occurrences
] CBC with differential	STAT For 1 Occurrences
] Fibrinogen	STAT For 1 Occurrences
] B natriuretic peptide	STAT For 1 Occurrences
] Troponin T	STAT For 1 Occurrences
] Hepatic function panel	STAT For 1 Occurrences
] Ionized calcium	STAT For 1 Occurrences
l Lactic acid level	STAT For 1 Occurrences
] Magnesium	STAT For 1 Occurrences
] Phosphorus	STAT For 1 Occurrences
Type and screen	
Type and screen	STAT For 1 Occurrences, Blood Bank
[] ABO and Rh confirmation	Once, Blood Bank Confirmation
[] Abo and Kir committation	Office, Blood Bank Commitmation
Laboratory - STAT	
<u> </u>	07475 4.0
Arterial blood gas	STAT For 1 Occurrences
] Venous blood gas	STAT For 1 Occurrences
] Comprehensive metabolic panel	STAT For 1 Occurrences
] Prothrombin time with INR, I-Stat	STAT For 1 Occurrences
] Partial thromboplastin time	STAT For 1 Occurrences
] Basic metabolic panel	STAT For 1 Occurrences
] CBC with differential	STAT For 1 Occurrences
] Fibrinogen	STAT For 1 Occurrences
] B natriuretic peptide	STAT For 1 Occurrences
1 Troponin T	STAT For 1 Occurrences
• •	STAT For 1 Occurrences
1 Hepatic function panel	
Hepatic function panel Ionized calcium	STAT For 1 Occurrences
] Ionized calcium	STAT For 1 Occurrences STAT For 1 Occurrences
l lonized calcium Lactic acid, I-Stat	STAT For 1 Occurrences
Ionized calcium Lactic acid, I-Stat Magnesium	STAT For 1 Occurrences STAT For 1 Occurrences
Ionized calcium Lactic acid, I-Stat Magnesium Phosphorus	STAT For 1 Occurrences
Ionized calcium Lactic acid, I-Stat Magnesium	STAT For 1 Occurrences STAT For 1 Occurrences

[] Basic metabolic panel	Every 6 hours, Starting S For 2 Occurrences
[] Blood gas, venous	Every 6 hours, Starting S For 2 Occurrences
[] CBC with differential	Every 6 hours, Starting S For 2 Occurrences

Laboratory - Additional Microbiology Screens

	Aerobic culture	Once For 1 Occurrences
[]	Anaerobic culture	Once For 1 Occurrences
[]	Respiratory culture, quantitative	Once For 1 Occurrences, Mini bronchial alveolar lavage
[]	Respiratory pathogen panel with COVID-19 RT-PCR	Once For 1 Occurrences
[]	Sputum culture	Once For 1 Occurrences, Sputum
[]	Urinalysis screen and microscopy, with reflex to culture	Once For 1 Occurrences
		Specimen Source: Urine
		Specimen Site:

Laboratory - Additional Microbiology Screens

[] Aerobic culture	Once
[] Anaerobic culture	Once
[] Gastrointestinal panel	Once, Stool
[] Respiratory culture, quantitative	Once, Mini bronchial alveolar lavage
[] Respiratory pathogen panel with COVID-19 RT-PCR	Once
[] Sputum culture	Once, Sputum
[] Urine Culture and Urinalysis	"And" Linked Panel
[] Urine culture O	nce For 1 Occurrences, Urine
[] Urinalysis S	TAT For 1 Occurrences

Laboratory - Additional Microbiology Screens

[] Aerobic culture	Once For 1 Occurrences
[] Anaerobic culture	Once For 1 Occurrences
[] Gastrointestinal panel	Once For 1 Occurrences, Stool
[] Respiratory culture, quantitative	Once For 1 Occurrences, Mini bronchial alveolar lavage
[] Respiratory pathogen panel with COVID-19 RT-PCR	Once For 1 Occurrences
[] Sputum culture	Once For 1 Occurrences, Sputum
[] Urinalysis	Once For 1 Occurrences
[] Urine culture	Once For 1 Occurrences, Urine

Imaging

Chest X -Ray

[]	Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1	
[]	Chest 2 Vw	STAT, 1 time imaging, Starting S at 1:00 AM For 1	

Consults

Antibiotics Pharmacy Consult

Routine, Until discontinued, Starting S
Adjust dose for:
Pharmacy consult to review orders for renal dosing prior to administration of second dose of antibiotics

Consults		
Reason for Consult? Consult with Infectious Disease to review and/or adjust current antibiotic selection if necessary. Initial treatment should already be initiated. Patient/Clinical information communicated? Patient/clinical information communicated? Ordering provider must contact ID Consultant		