

## IV / Central Line Access - Hemodynamics Monitoring

## 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) peripheral 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
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## Nursing

## Nursing - HMM, 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 SpO2 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. Current 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 SpO2 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 tolerated	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Bed rest initially then progress activity as tolerated

<input checked="" type="checkbox"/> Patient education	Routine, Prior to discharge Patient/Family: Both Education for: Other (specify) Specify: Sepsis Education
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Temperature Sensing Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain

### Nursing - HMCL

<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> Pulse oximetry	Routine, Daily Current FIO2 or Room Air: Place SpO2 monitor (near infrared spectroscopy)
<input checked="" type="checkbox"/> Telemetry	<b>"And" Linked Panel</b>
<input checked="" type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
<input checked="" type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous 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
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Temperature Sensing Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain

### Notify

<input type="checkbox"/> Notify Provider/Sepsis Team:	Routine, Until discontinued, Starting S, -for MAP LESS than 65 or GREATER than 80  -for heart rate LESS than 60 or GREATER than 120  -for urine output LESS than 30 mL/hour  -immediately for any acute changes in patient condition (mental status, vital signs)
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## Initial Management of Suspected Sepsis

### Blood Cultures

<input type="checkbox"/> Blood culture x 2	<b>"And" Linked Panel</b>
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<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect STAT before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used.
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect STAT before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used.

#### Lactic Acid - STAT and repeat 2 times every 3 hours

<input type="checkbox"/> Lactic acid level, SEPSIS - Now and repeat 2x every 3 hours	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.
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#### Lactic Acid - STAT and repeat 2 times every 3 hours

<input type="checkbox"/> Lactic acid level, SEPSIS - Now and repeat 2x every 3 hours	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.
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#### Lactic Acid - STAT and repeat 2 times every 3 hours

\*\*unselect if already collected\*\*

<input checked="" type="checkbox"/> 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.
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#### Crystalloids for Fluid Resuscitation for hypotension, lactic acid greater than 2.0, or any one sign or symptom of acute organ dysfunction) (Single Response)

The target fluid bolus volume can be calculated using the ideal weight as long as the provider indicates that the patient is obese. If the provider does not indicate obesity, the actual weight will be used to calculate the target volume.

Is your patient obese? (BMI GREATER than 30)

#### ☐ Yes (Single Response) (Selection Required)

Given your response of "Yes", you have the option to dose IV fluids using Ideal Body Weight (IBW).

#### ☐ Calculate dose using Ideal Body Weight (IBW) (Single Response)

##### ☐ lactated ringers IV bolus and infusion + Vital Signs - For Obese Patients (Single Response)

##### ☐ lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours - For Obese Patients **"And" Linked Panel**

<input type="checkbox"/> 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. Provider Response: YES, I choose to use the Ideal Body Weight (IBW), BMI GREATER than 30
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<input type="checkbox"/> Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
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##### ☐ lactated ringers IV infusion - For Obese Patients **"And" Linked Panel**

<input type="checkbox"/> lactated ringer's 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.
<hr/>	
( ) sodium chloride 0.9% bolus + Vital Signs OR infusion - For Obese Patients (Single Response)	
<hr/>	
( ) sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours - For Obese Patients	<b>"And" Linked Panel</b>
<hr/>	
<input type="checkbox"/> 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 (IBW), BMI GREATER than 30
<hr/>	
<input type="checkbox"/> Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
<hr/>	
( ) sodium chloride 0.9% infusion - For Obese Patients	<b>"And" Linked Panel</b>
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<input type="checkbox"/> 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.
<hr/>	
( ) Do NOT calculate dose using Ideal Body Weight (IBW) (Single Response)	
<hr/>	
( ) lactated ringers IV bolus + Vital Signs OR infusion (Single Response)	
<hr/>	
( ) lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours	<b>"And" Linked Panel</b>
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<input type="checkbox"/> 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.
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( ) sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours - For Obese Patients	<b>"And" Linked Panel</b>

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[ ] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
( ) sodium chloride 0.9% infusion - For Obese Patients	<b>"And" Linked Panel</b>
[ ] 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, severe sepsis, nor septic shock at this time. No additional crystalloid IV fluid resuscitation bolus indicated at this time (Single Response)	
( ) Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. No additional crystalloid IV fluid resuscitation bolus indicated at this time	Routine, Once
( ) Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. No additional crystalloid IV fluid resuscitation bolus indicated at this time (Single Response)	
( ) Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. No additional crystalloid IV fluid resuscitation bolus indicated at this time	Routine, Once
( ) No (Single Response)	
( ) lactated ringers IV bolus + Vital Signs OR infusion (Single Response)	
( ) lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours	<b>"And" Linked Panel</b>
[ ] 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	<b>"And" Linked Panel</b>
[ ] lactated ringer's 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.
( ) sodium chloride 0.9% bolus + Vital Signs OR infusion (Single Response)	
( ) sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours	<b>"And" Linked Panel</b>

<input type="checkbox"/> 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.
<input type="checkbox"/> Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
<input type="checkbox"/> sodium chloride 0.9% infusion	<b>"And" Linked Panel</b>
<input type="checkbox"/> 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.
<input type="checkbox"/> Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. No additional crystalloid IV fluid resuscitation bolus indicated at this time (Single Response)	
<input type="checkbox"/> Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. No additional crystalloid IV fluid resuscitation bolus indicated at this time	Routine, Once

#### Antibiotics

\*\* if not already started within the last 24 hours \*\*

Please Select the appropriate indication(s) for antibiotic use below:

<input type="checkbox"/> Community-Acquired Pneumonia (Single Response)	Does your patient have a SEVERE penicillin allergy?
<input type="checkbox"/> No (Single Response)	
<input type="checkbox"/> cefTRIAXone (ROCEPHIN) 1 g IV + azithromycin (ZITHROMAX) 500 mg IV	<b>"And" Linked Panel</b>
<input type="checkbox"/> 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 patient's clinical response and source identification

<div> <input type="checkbox"/> azithromycin (ZITHROMAX) IV </div>	<div> 500 mg, intravenous, for 60 Minutes, every 24 hours  Classification: Narrow Spectrum Antibiotic </div> <div> When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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 </div>
<div> <input type="checkbox"/> cefTRIAXone (ROCEPHIN) 1 g IV + levofloxacin (LEVAQUIN) 750 mg IV </div>	<div> <b>"And" Linked Panel</b> </div>
<div> <input type="checkbox"/> cefTRIAXone (ROCEPHIN) IV </div>	<div> 1 g, intravenous, for 30 Minutes, every 24 hours  Classification: Broad Spectrum Antibiotic </div> <div> When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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 </div>
<div> <input type="checkbox"/> levofloxacin (LEVAQUIN) IV </div>	<div> 750 mg, intravenous, every 24 hours  Classification: Narrow Spectrum Antibiotic </div> <div> When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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 </div>
<div> <input type="checkbox"/> cefTRIAXone (ROCEPHIN) 1 g intraMUSCULAR + azithromycin (ZITHROMAX) 500 mg IV </div>	<div> <b>"And" Linked Panel</b> </div>
<div> <input type="checkbox"/> cefTRIAXone (ROCEPHIN) IM </div>	<div> 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 </div>

[ ] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) cefTRIAxone (ROCEPHIN) 1 g intraMUSCULAR + levofloxacin (LEVAQUIN) 750 mg IV	<b>"And" Linked Panel</b>
[ ] cefTRIAxone (ROCEPHIN) IM	<p>1 g, intramuscular, every 24 hours</p> <p>Intramuscular route selected because no IV access available.</p> <p>Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh).</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] levofloxacin (LEVAQUIN) IV	<p>750 mg, intravenous, every 24 hours</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) Yes (Single Response)	
( ) aztreonam (AZACTAM) 2 g IV + azithromycin (ZITHROMAX) 500 mg IV	<b>"And" Linked Panel</b>
[ ] aztreonam (AZACTAM) IV	<p>2 g, intravenous, every 6 hours</p> <p>Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>



<div> <input type="checkbox"/> azithromycin (ZITHROMAX) IV </div>	<div> 500 mg, intravenous, for 60 Minutes, every 24 hours  Classification: Narrow Spectrum Antibiotic </div> <div> When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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 </div>
<div> <input type="checkbox"/> aztreonam (AZACTAM) 2 g intraMUSCULAR + azithromycin (ZITHROMAX) 500 mg IV </div>	<div> <b>"And" Linked Panel</b> </div>
<div> <input type="checkbox"/> aztreonam (AZACTAM) IM </div>	<div> 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 </div>
<div> <input type="checkbox"/> azithromycin (ZITHROMAX) IV </div>	<div> 500 mg, intravenous, for 60 Minutes, every 24 hours  Classification: Narrow Spectrum Antibiotic </div> <div> When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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 </div>
<div> <input type="checkbox"/> Nosocomial Pneumonia OR Community-Acquired Pneumonia with Multi Drug-Resistant Risk (Single Response) </div> <div> (e.g. Nursing home resident, IV antibiotic exposure or hospitalization within previous 90 days, chronic dialysis, immunosuppressed, on home infusion therapy or home wound care)  Combined use of piperacillin/tazobactam and vancomycin may be associated with an increased incidence of acute kidney injury.   Does your patient have a SEVERE penicillin AND/OR vancomycin allergy? </div>	
<div> <input type="checkbox"/> No SEVERE Penicillin OR Vancomycin Allergy (Single Response) </div>	<div> Use meropenem (MERREM) if history of infection with ESBL-producing organism or recent prolonged treatment with piperacillin/tazobactam or cefepime. </div> <div> <input type="checkbox"/> ceFEPime 2 g IV + vancomycin 15 mg/kg IV </div>

<div> <div>[ ] ceFEPime (MAXIPIME) IV</div> <div>Dose (Selection Required)</div> </div>	<div> <div>2 g, intravenous, every 8 hours</div> <div>Classification: Broad Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div>[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to</div> <div>Dose (Selection Required)</div> </div>	
<div> <div>[ ] vancomycin (VANCOCIN)</div> </div>	<div> <div>15 mg/kg, intravenous, every 12 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div>[ ] Pharmacy consult to manage vancomycin</div> </div>	<div> <div>STAT, Until discontinued, Starting S</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Duration of Therapy (Days):</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> <div>Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk</div> </div>
<div> <div>[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV +/-</div> <div>levofloxacin 750 mg IV (Single Response)</div> </div>	
<div> <div>( ) amikacin (AMIKIN) IV</div> </div>	<div> <div>15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> </div>

<p>( ) levofloxacin (LEVAQUIN) IV</p>	<p>750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
<p>[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV</p>	
<p>[ ] tobramycin (TOBREX) IV</p>	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p> <p>[ ] Pharmacy consult to dose tobramycin</p> <p>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</p>
<p>( ) piperacillin-tazobactam (ZOSYN) 4.5 g IV + vancomycin 15 mg/kg IV (NOT HMW)</p>	
<p>[ ] piperacillin-tazobactam (ZOSYN) IV</p>	<p>4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
<p>[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)</p>	

[ ] vancomycin (VANCOCIN)	<p>15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
[ ] Pharmacy consult to manage vancomycin	<p>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</p>
[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV +/- levofloxacin 750 mg IV (Single Response)	
( ) amikacin (AMIKIN) IV	<p>15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
( ) levofloxacin (LEVAQUIN) IV	<p>750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
[ ] 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	
<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>	
[ ] Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S</p> <p>Which aminoglycoside do you need help dosing? tobramycin</p> <p>Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk</p>
( ) piperacillin-tazobactam (ZOSYN) EI 4.5 g IV + vancomycin 15 mg/kg IV (HMW Only)	
[ ] piperacillin-tazobactam EI (ZOSYN) 4.5 g IV (HMW Only)	<b>"Followed by" Linked Panel</b>
[ ] piperacillin-tazobactam (ZOSYN) 4.5 g IV Once	<p>4.5 g, intravenous, for .5 Hours, once, For 1 Doses</p> <p>Classification: Broad Spectrum Antibiotic</p>
<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>	
[ ] piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours	<p>4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+6 Hours</p> <p>Classification: Broad Spectrum Antibiotic</p>
<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>	
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	<p>15 mg/kg, intravenous, every 12 hours</p> <p>Classification: Narrow Spectrum Antibiotic</p>
<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Indication: Sepsis</p>	

[ ] 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/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. 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 (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 + vancomycin 15 mg/kg IV	

<div> <div>[ ] meropenem (MERREM) IV</div> <div>Dose (Selection Required)</div> </div>	<div> <div>500 mg, intravenous, every 6 hours</div> <div>Classification: Broad Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div>[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to</div> <div>Dose (Selection Required)</div> </div>	
<div> <div>[ ] vancomycin (VANCOCIN)</div> </div>	<div> <div>15 mg/kg, intravenous, every 12 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div>[ ] Pharmacy consult to manage vancomycin</div> </div>	<div> <div>STAT, Until discontinued, Starting S</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Duration of Therapy (Days):</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> <div>Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk</div> </div>
<div> <div>[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV +/-</div> <div>levofloxacin 750 mg IV (Single Response)</div> </div>	
<div> <div>( ) amikacin (AMIKIN) IV</div> </div>	<div> <div>15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> </div>

<p>( ) levofloxacin (LEVAQUIN) IV</p>	<p>750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
<p>[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV</p>	
<p>[ ] tobramycin (TOBREX) IV</p>	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p> <p>[ ] Pharmacy consult to dose tobramycin</p> <p>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</p>
<p>( ) ceFEPime 2 g intraMUSCULAR + vancomycin 15 mg/kg IV</p>	
<p>[ ] cefepime (MAXIPIME) IM</p>	<p>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</p>
<p>[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)</p>	
<p>[ ] vancomycin (VANCOCIN)</p>	<p>15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>



[ ] 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/kg IV +/- levofloxacin 750 mg IV (Single Response)	<div data-bbox="138 363 1425 420">           ( ) amikacin (AMIKIN) IV           15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses            Classification: Narrow Spectrum Antibiotic         </div> <div data-bbox="748 455 1549 724">           When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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         </div>
( ) levofloxacin (LEVAQUIN) IV	<div data-bbox="748 730 1240 787">           750 mg, intravenous, every 24 hours            Classification: Narrow Spectrum Antibiotic         </div> <div data-bbox="748 823 1549 1155">           When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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         </div>
[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV	<div data-bbox="138 1224 1369 1281">           [ ] tobramycin (TOBREX) IV           7 mg/kg, intravenous, for 60 Minutes, every 24 hours            Pharmacy Consult to dose based on renal function         </div> <div data-bbox="748 1316 1549 1648">           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         </div>
[ ] Pharmacy consult to dose tobramycin	<div data-bbox="748 1654 1549 1774">           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         </div>
( ) meropenem (MERREM) 500 mg intraMUSCULAR + vancomycin 15 mg/kg IV	

[ ] 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
[ ] 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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/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	

[ ] 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) (i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)	
( ) aztreonam (AZACTAM) 2 g IV + vancomycin 15 mg/kg 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
[ ] 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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
[ ] 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
( ) levofloxacin (LEVAQUIN) IV	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
( ) levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic
( ) levofloxacin (LEVAQUIN) IV	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Suspected Anaerobe Coverage: metroNIDAZOLE (FLAGYL) 500 mg IV	500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
[ ] metroNIDAZOLE (FLAGYL) IV	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
( ) aztreonam (AZACTAM) 2 g intraMUSCULAR + vancomycin 15 mg/kg IV	<p>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).</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p>
[ ] aztreonam (AZACTAM) intraMUSCULAR	
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	

<div> <div></div> <div>vancomycin (VANCOCIN)</div> </div>	<div> <div>15 mg/kg, intravenous, every 12 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div></div> <div>Pharmacy consult to manage vancomycin</div> </div>	<div> <div>STAT, Until discontinued, Starting S</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Duration of Therapy (Days):</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div></div> <div>Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV +/- levofloxacin 750 mg IV (Single Response)</div> </div>	
<div> <div></div> <div>amikacin (AMIKIN) IV</div> </div>	<div> <div>15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> </div>
<div> <div></div> <div>levofloxacin (LEVAQUIN) IV</div> </div>	<div> <div>750 mg, intravenous, every 24 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div></div> <div>Suspected Anaerobe Coverage: metroNIDAZOLE (FLAGYL) 500 mg IV</div> </div>	
<div> <div></div> <div>metroNIDAZOLE (FLAGYL) IV</div> </div>	<div> <div>500 mg, intravenous, every 8 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> </div>
<div> <div></div> <div>SEVERE Vancomycin Allergy (Single Response)</div> </div>	

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

[ ] 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	
<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>	
[ ] Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S</p> <p>Which aminoglycoside do you need help dosing? tobramycin</p> <p>Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk</p>
( ) ceFEPime 2 g intraMUSCULAR + linezolid (ZYVOX) 600 mg IVPB	
[ ] cefepime (MAXIPIME) IM	<p>2 g, intramuscular, every 8 hours</p> <p>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).</p> <p>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</p>
[ ] linezolid in dextrose 5% (ZYVOX) IVPB	<p>600 mg, intravenous, for 60 Minutes, every 12 hours</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV +/- levofloxacin 750 mg IV (Single Response)	
( ) amikacin (AMIKIN) IV	<p>15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses</p> <p>Classification: Narrow Spectrum Antibiotic</p>
<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>	

<p>( ) levofloxacin (LEVAQUIN) IV</p>	<p>750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
<p>[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV</p>	
<p>[ ] tobramycin (TOBREX) IV</p>	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p> <p>[ ] Pharmacy consult to dose tobramycin</p> <p>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</p>
<p>( ) piperacillin-tazobactam (ZOSYN) 4.5 g IV + linezolid (ZYVOX) 600 mg IVPB (NOT HMW)</p>	
<p>[ ] piperacillin-tazobactam (ZOSYN) IV</p>	<p>4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
<p>[ ] linezolid in dextrose 5% (ZYVOX) IVPB</p>	<p>600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>



[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV +/- levofloxacin 750 mg IV (Single Response)	
( ) amikacin (AMIKIN) IV	<p>15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
( ) levofloxacin (LEVAQUIN) IV	<p>750 mg, intravenous, every 24 hours</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV	
[ ] tobramycin (TOBREX) IV	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours</p> <p>Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S</p> <p>Which aminoglycoside do you need help dosing? tobramycin</p> <p>Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk</p>
( ) piperacillin-tazobactam (ZOSYN) EI IV + linezolid (ZYVOX) 600 mg IVPB (HMW Only)	
[ ] piperacillin-tazobactam (ZOSYN) EI IV	<p>4.5 g, intravenous, for 4 Hours, every 8 hours</p> <p>Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>

[ ] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
( ) levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S</p> <p>Which aminoglycoside do you need help dosing? tobramycin</p> <p>Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk</p>
( ) meropenem (MERREM) 500 mg IV + linezolid (ZYVOX) 600 mg IV	

<div> <div>[ ] meropenem (MERREM) IV</div> </div>	<div> <div>500 mg, intravenous, every 6 hours</div> <div>Classification: Broad Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div>[ ] linezolid in dextrose 5% (ZYVOX) IVPB</div> </div>	<div> <div>600 mg, intravenous, for 60 Minutes, every 12 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div>[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV +/- levofloxacin 750 mg IV (Single Response)</div> </div>	
<div> <div>( ) amikacin (AMIKIN) IV</div> </div>	<div> <div>15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> </div>
<div> <div>( ) levofloxacin (LEVAQUIN) IV</div> </div>	<div> <div>750 mg, intravenous, every 24 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div>[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV</div> </div>	

[ ] 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 AND Vancomycin Allergy (Single Response) (i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)	
( ) aztreonam (AZACTAM) 2 g IV + linezolid (ZYVOX) 600 mg IVPB	
[ ] 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
[ ] 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 mg/kg IV +/- levofloxacin 750 mg IV (Single Response)	

<input type="checkbox"/> amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
<input type="checkbox"/> Suspected Anaerobe Coverage: metroNIDAZOLE (FLAGYL) 500 mg IV	
<input type="checkbox"/> metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> aztreonam (AZACTAM) 2 g intraMUSCULAR + linezolid (ZYVOX) 600 mg IVPB	
<input type="checkbox"/> 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
<input type="checkbox"/> linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> 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

☐ Suspected Anaerobe Coverage: metroNIDAZOLE  
(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 allergy?

☐ No (Single Response)

☐ cefTRIAXone (ROCEPHIN) 1 g IV

☐ 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 patient's clinical response and source identification

☐ Optional IV Antibiotic Addition - tobramycin (TOBREX) 7  
mg/kg IV

<input type="checkbox"/> tobramycin (TOBREX) IV	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>
<input type="checkbox"/> Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection</p>
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) 1 g intraMUSCULAR	
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) 1 g intraMUSCULAR	<p>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).</p> <p>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</p>
<input type="checkbox"/> Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV	
<input type="checkbox"/> tobramycin (TOBREX) IV	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p> <p><input type="checkbox"/> Pharmacy consult to dose tobramycin</p> <p>Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection</p>
<input type="checkbox"/> ceFEPime 1 g IV	
<input type="checkbox"/> ceFEPime (MAXIPIME) IV	<p>1 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>

[ ] 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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
( ) 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 upon patient'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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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
( ) piperacillin-tazobactam (ZOSYN) 4.5 g IV (NOT HMW)	



[ ] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] 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) EI 4.5 g IV (HMW Only)	
[ ] piperacillin-tazobactam (ZOSYN) EI IV	4.5 g, intravenous, for 4 Hours, every 8 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>

<input type="checkbox"/> Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
<input type="checkbox"/> ertapenem (INVANZ) 1 g IV	
<input type="checkbox"/> 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 wait 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
<input type="checkbox"/> Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV	
<input type="checkbox"/> 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
<input type="checkbox"/> Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
<input type="checkbox"/> ertapenem (INVANZ) 1 g in lidocaine (PF) intraMUSCULAR	
<input type="checkbox"/> 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 upon patient's clinical response and source identification
<input type="checkbox"/> 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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	
[ ] 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) 1 g intraMUSCULAR	
[ ] meropenem (MERREM) 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). 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

<input type="checkbox"/> Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV	
<input type="checkbox"/> 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
<input type="checkbox"/> Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
<input type="checkbox"/> Yes (Single Response)	
<input type="checkbox"/> aztreonam (AZACTAM) 2 g IV	
<input type="checkbox"/> 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 wait 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
<input type="checkbox"/> Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV + Pharmacy Consult to Dose	
<input type="checkbox"/> 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
<input type="checkbox"/> Pharmacy consult to dose tobramycin	STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
<input type="checkbox"/> aztreonam (AZACTAM) intraMUSCULAR	
<input type="checkbox"/> 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
<input type="checkbox"/> Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV + Pharmacy Consult to Dose	
<input type="checkbox"/> 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
<input type="checkbox"/> Pharmacy consult to dose tobramycin	STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
<input type="checkbox"/> Skin and Soft Tissue Infection - Uncomplicated Cellulitis (Single Response)	
Does your patient have a SEVERE vancomycin allergy?	

☐ No (Single Response)

☐ cefTRIAxone (ROCEPHIN) 1 g IV + vancomycin IV 15 mg/kg

☐ cefTRIAxone (ROCEPHIN) IV

1 g, intravenous, for 30 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

Recommendation: 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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 1 - ceftriaxone (ROCEPHIN) IV + vancomycin 15 mg/kg

☐ cefTRIAxone (ROCEPHIN) intraMUSCULAR x Once AND cefTRIAxone (ROCEPHIN) IV x 2 Days

**"Followed by" Linked Panel**

☐ 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
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours, For 3 Doses Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days): 3</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) Yes (Single Response)	
( ) cefTRIAxone (ROCEPHIN) 1 g IV + linezolid (ZYVOX) 600 mg IV	
[ ] cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 12 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>

<div> <input type="checkbox"/> linezolid in dextrose 5% (ZYVOX) IVPB </div>	<div> 600 mg, intravenous, for 60 Minutes, every 12 hours  Classification: Narrow Spectrum Antibiotic </div> <div> When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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 </div>
<div> <input type="checkbox"/> cefTRIAxone (ROCEPHIN) intraMUSCULAR x 1 - ceftriaxone (ROCEPHIN) IV + linezolid 600 mg IV </div>	
<div> <input type="checkbox"/> cefTRIAxone (ROCEPHIN) intraMUSCULAR x Once AND cefTRIAxone (ROCEPHIN) IV x 2 Days </div>	<div> <b>"Followed by" Linked Panel</b> </div>
<div> <input type="checkbox"/> cefTRIAxone (ROCEPHIN) IM </div>	<div> 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 </div>
<div> <input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV </div>	<div> 1 g, intravenous, for 30 Minutes, daily, Starting S+1  Classification: Broad Spectrum Antibiotic </div> <div> When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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 </div>
<div> <input type="checkbox"/> linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB </div>	<div> 600 mg, intravenous, for 60 Minutes, daily  Classification: Narrow Spectrum Antibiotic </div> <div> When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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 </div>
<div> <input type="checkbox"/> Skin and Soft Tissue Infection - Complicated (necrotizing fasciitis, gangrene, diabetic foot) (Single Response) </div>	
<div> Does your patient have a SEVERE penicillin AND/OR vancomycin allergy? </div>	
<div> <input type="checkbox"/> No SEVERE Penicillin OR Vancomycin Allergy </div>	
<div> <input type="checkbox"/> piperacillin-tazobactam (ZOSYN) 4.5 g IV + vancomycin 15 mg/kg IV (NOT HMW) </div>	

[ ] piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, for .5 Hours, every 6 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV	900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] piperacillin-tazobactam (ZOSYN) EI 4.5 g IV + vancomycin 15 mg/kg IV (HMW Only)	
[ ] piperacillin-tazobactam (ZOSYN) EI IV	4.5 g, intravenous Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>



[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
[ ] vancomycin (VANCOCIN)	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>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</p>
[ ] Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV	<p>900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>
( ) SEVERE Penicillin Allergy (Single Response)	
( ) aztreonam (AZACTAM) 2 g IV + tobramycin (TOBREX) 7 mg/kg IV + vancomycin 15 mg/kg IV + clindamycin (CLEOCIN) 600 mg IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
[ ] aztreonam (AZACTAM) IV	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>
[ ] 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 Consult to Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
[ ] vancomycin (VANCOCIN)	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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
[ ] 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	

<div> <div>[ ] aztreonam (AZACTAM) IV</div> </div>	<div> <div>2 g, intravenous, every 8 hours</div> <div>Classification: Broad Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> </div>
<div> <div>[ ] tobramycin (TOBREX) 7 mg/kg IV</div> </div>	
<div> <div>[ ] tobramycin (TOBREX) IV</div> </div>	<div> <div>7 mg/kg, intravenous, for 60 Minutes, every 24 hours</div> <div>Pharmacy Consult to dose based on renal function</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> </div>
<div> <div>[ ] Pharmacy consult to dose tobramycin</div> </div>	<div> <div>Routine, Until discontinued, Starting S</div> <div>Which aminoglycoside do you need help dosing? tobramycin</div> <div>Indication: Sepsis - Complicated Skin and Soft Tissue Infection</div> </div>
<div> <div>[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)</div> </div>	
<div> <div>[ ] vancomycin (VANCOCIN)</div> </div>	<div> <div>15 mg/kg, intravenous, every 12 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div>[ ] Pharmacy consult to manage vancomycin</div> </div>	<div> <div>STAT, Until discontinued, Starting S</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Duration of Therapy (Days):</div> <div>Indication: Sepsis - Complicated Skin and Soft Tissue Infection</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>



[ ] clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
( ) aztreonam (AZACTAM) 2 g intraMUSCULAR + tobramycin (TOBREX) 7 mg/kg IV + vancomycin 15 mg/kg IV + metroNIDAZOLE (FLAGYL) 500 mg IV	
[ ] aztreonam (AZACTAM) intraMUSCULAR	<p>2 g, intramuscular, every 8 hours</p> <p>Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh).</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p>
[ ] tobramycin (TOBREX) 7 mg/kg IV + Pharmacy Consult to Dose	
[ ] tobramycin (TOBREX) 7 mg/kg IVPB	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours</p> <p>Pharmacy Consult to dose based on renal function</p>
	<p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>[ ] Pharmacy consult to dose tobramycin</p> <p>STAT, Until discontinued, Starting S</p> <p>Which aminoglycoside do you need help dosing? tobramycin</p> <p>Indication: Sepsis - Complicated Skin and Soft Tissue Infection</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN) IV	<p>15 mg/kg, intravenous, every 12 hours</p> <p>Classification: Broad Spectrum Antibiotic</p>
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p> <p>[ ] Pharmacy consult to manage vancomycin</p> <p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>

<div> <div>[ ] metroNIDAZOLE (FLAGYL) IV</div> <div>( ) SEVERE Vancomycin Allergy</div> <div>[ ] piperacillin-tazobactam (ZOSYN) 4.5 g IV + linezolid (ZYVOX) 600 mg IV (NOT HMW)</div> <div>[ ] piperacillin-tazobactam (ZOSYN) IV</div> </div>	<div> <div>500 mg, intravenous, every 6 hours Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</div> </div>
<div> <div>[ ] piperacillin-tazobactam (ZOSYN) IV</div> <div>[ ] linezolid in dextrose 5% (ZYVOX) IVPB</div> </div>	<div> <div>4.5 g, intravenous, for .5 Hours, every 6 hours Classification: Broad Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</div> </div>
<div> <div>[ ] Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV</div> </div>	<div> <div>600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</div> </div>
<div> <div>[ ] piperacillin-tazobactam (ZOSYN) EI 4.5 g IV + linezolid (ZYVOX) 600 mg IV (HMW Only)</div> </div>	<div> <div>900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</div> </div>

[ ] piperacillin-tazobactam (ZOSYN) EI IV	4.5 g, intravenous, for 4 Hours, every 8 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV	900 mg, intravenous, for 30 Minutes, every 8 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
( ) SEVERE Penicillin AND Vancomycin Allergy (Single Response)	
( ) aztreonam (AZACTAM) 2 g IV + tobramycin (TOBREX) 7 mg/kg IV + linezolid (ZYVOX) 600 mg IV + clindamycin (CLEOCIN) 600 mg IV	
[ ] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
[ ] tobramycin (TOBREX) 7 mg/kg IV	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>

[ ] 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 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 + linezolid (ZYVOX) 600 mg IV + metroNIDAZOLE (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. 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
[ ] 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 (ZYVOX) 600 mg IV + clindamycin (CLEOCIN) 600 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
[ ] 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
[ ] 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 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
[ ] 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 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 (ZYVOX) 600 mg IV + metroNIDAZOLE (FLAGYL) 500 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 + Pharmacy Consult to Dose	

<div> <div></div> <div>tobramycin (TOBREX) 7 mg/kg IVPB</div> </div>	<div> <div>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</div> </div>
<div> <div></div> <div>Pharmacy consult to dose tobramycin</div> </div>	<div> <div>STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin</div> <div>Indication: Sepsis - Complicated Skin and Soft Tissue Infection</div> </div>
<div> <div></div> <div>linezolid in dextrose 5% (ZYVOX) IVPB</div> </div>	<div> <div>600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</div> </div>
<div> <div></div> <div>metroNIDAZOLE (FLAGYL) IV</div> </div>	<div> <div>500 mg, intravenous, every 6 hours Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</div> </div>
<div> <div></div> <div>Sepsis of Unknown Source or IV Catheter-Related Infection (Single Response)</div> </div>	
<div>Does your patient have a SEVERE penicillin AND/OR vancomycin allergy?</div>	
<div> <div></div> <div>No SEVERE Penicillin OR Vancomycin Allergy (Single Response)</div> </div>	
<div>Combined use of piperacillin/tazobactam and vancomycin may be associated with an increased incidence of acute kidney injury</div>	
<div> <div></div> <div>ceFEPime 2 g IV + vancomycin 15 mg/kg IV</div> </div>	

[ ] ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S</p> <p>Which aminoglycoside do you need help dosing? tobramycin</p> <p>Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</p>
( ) piperacillin-tazobactam (ZOSYN) 4.5 g IV + vancomycin 15 mg/kg IV (NOT HMW, HMWB)	

[ ] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S</p> <p>Which aminoglycoside do you need help dosing? tobramycin</p> <p>Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</p>
( ) piperacillin-tazobactam (ZOSYN) EI 4.5 g IV + vancomycin 15 mg/kg IV (HMW Only)	
[ ] piperacillin-tazobactam EI (ZOSYN) 4.5 g IV (HMW Only)	<b>"Followed by" Linked Panel</b>

[ ] piperacillin-tazobactam (ZOSYN) 4.5 g IV Once	4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy:</p> <p>Indication: Sepsis</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy:</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</p>
[ ] 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
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>

<p>( ) levofloxacin (LEVAQUIN) IV</p>	<p>750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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:</p>
<p>[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV</p>	
<p>[ ] tobramycin (TOBREX) IV</p>	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
<p>[ ] Pharmacy consult to dose tobramycin</p>	<p>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</p>
<p>( ) meropenem (MERREM) 500 mg IV + vancomycin 15 mg/kg IV</p>	
<p>[ ] meropenem (MERREM) IV</p>	<p>500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
<p>[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)</p>	

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



[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S</p> <p>Which aminoglycoside do you need help dosing? tobramycin</p> <p>Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</p>
( ) meropenem (MERREM) 500 mg intraMUSCULAR + vancomycin 15 mg/kg IV	
[ ] meropenem (MERREM) intraMUSCULAR	<p>0.5 g, intramuscular, every 6 hours</p> <p>Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh)</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	

[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
[ ] Pharmacy consult to manage vancomycin	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
[ ] Pharmacy consult to dose tobramycin	<p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Routine, Until discontinued, Starting S</p> <p>Which aminoglycoside do you need help dosing? tobramycin</p> <p>Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</p>
( ) SEVERE Penicillin Allergy (Single Response) (i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)	
( ) aztreonam (AZACTAM) 2 g IV + tobramycin (TOBREX) 7 mg/kg IV + vancomycin 15 mg/kg IV	
[ ] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
[ ] tobramycin (TOBREX) 7 mg/kg IV	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>

[ ] 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 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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
( ) aztreonam (AZACTAM) 2 g intraMUSCULAR + tobramycin (TOBREX) 7 mg/kg IV + 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
[ ] 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 of Unknown Source or IV Catheter-Related Infection
[ ] 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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)	
Combined use of piperacillin/tazobactam and vancomycin may be associated with an increased incidence of acute kidney injury	
( ) 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
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] 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 + linezolid (ZYVOX) 600 mg IV (NOT HMW)	
[ ] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV	
[ ] tobramycin (TOBREX) IV	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
[ ] Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</p>
( ) piperacillin-tazobactam (ZOSYN) EI 4.5 g IV + linezolid (ZYVOX) 600 mg IV ( HMW Only)	
[ ] piperacillin-tazobactam (ZOSYNI) EI IV	<p>4.5 g, intravenous, for 4 Hours, every 8 hours Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
[ ] linezolid in dextrose 5% (ZYVOX) IVPB	<p>600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
[ ] 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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 (ZYVOX) 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 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 (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 of Unknown Source or IV Catheter-Related Infection
( ) ceFEPime 2 g intraMUSCULAR + linezolid (ZYVOX) 600 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 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 (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 of Unknown Source or IV Catheter-Related Infection
( ) meropenem (MERREM) 500 mg intraMUSCULAR + linezolid (ZYVOX) 600 mg IV	
[ ] 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
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>
[ ] 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 (Single Response)	
(i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)	
( ) aztreonam (AZACTAM) 2 g IV + tobramycin (TOBREX) 7 mg/kg IV + linezolid (ZYVOX) 600 mg IV	
[ ] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>
[ ] tobramycin (TOBREX) 7 mg/kg IV	

<input type="checkbox"/> tobramycin (TOBREX) IV	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
<input type="checkbox"/> Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</p>
<input type="checkbox"/> linezolid in dextrose 5% (ZYVOX) IVPB	<p>600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
<input type="checkbox"/> aztreonam (AZACTAM) 2 g intraMUSCULAR + tobramycin (TOBREX) 7 mg/kg IV + linezolid (ZYVOX) 600 mg IV	
<input type="checkbox"/> aztreonam (AZACTAM) intraMUSCULAR	<p>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</p>
<input type="checkbox"/> tobramycin (TOBREX) 7 mg/kg IV	
<input type="checkbox"/> tobramycin (TOBREX) IV	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
<input type="checkbox"/> Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</p>

<div> <input type="checkbox"/> linezolid in dextrose 5% (ZYVOX) IVPB </div>	<div> 600 mg, intravenous, for 60 Minutes, every 12 hours  Classification: Narrow Spectrum Antibiotic </div> <div> When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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 </div>
<div> <input type="checkbox"/> Intra-Abdominal Infections (Single Response) </div> <div> Use meropenem if history of infection with ESBL-producing organism or recent prolonged treatment with zosyn or cefepime. Sources: Complicated Intra-abdominal Infection Guidelines. Clinical Infectious Diseases 2010; 50:133-64. ANTIBIOTIC SUSCEPTIBILITY OF COMMON ORGANISMS - 2016. Houston Methodist Hospital/Department of Laboratory Medicine/Microbiology Section </div> <div> Does your patient have a SEVERE penicillin allergy? </div>	
<div> <input type="checkbox"/> No SEVERE Penicillin OR Vancomycin Allergy </div> <div> <input type="checkbox"/> ceFEPime + metroNIDAZOLE (FLAGYL) OR piperacillin-tazobactam (ZOSYN) IV OR meropenem (MERREM) IV (Single Response) (Selection Required) </div> <div> <input type="checkbox"/> ceFEPime 2 g IV + metroNIDAZOLE (FLAGYL) 500 mg IV </div>	
<div> <input type="checkbox"/> ceFEPime (MAXIPIME) IV </div>	<div> 2 g, intravenous, every 8 hours  Classification: Broad Spectrum Antibiotic </div> <div> When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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 </div>
<div> <input type="checkbox"/> metronidazole (FLAGYL) IV </div>	<div> 500 mg, intravenous, every 8 hours  Classification: Narrow Spectrum Antibiotic </div> <div> When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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 </div>
<div> <input type="checkbox"/> ceFEPime 2 g intraMUSCULAR + metroNIDAZOLE (FLAGYL) 500 mg IV </div>	

[ ] cefepime (MAXIPIME) IM	<p>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</p>
[ ] metronidazole (FLAGYL) IV	<p>500 mg, intravenous, every 8 hours  Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
( ) piperacillin-tazobactam (ZOSYN) 4.5 g IV	
[ ] piperacillin-tazobactam (ZOSYN) IV	<p>4.5 g, intravenous, every 6 hours  Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
( ) If Pseudomonas Suspected - piperacillin-tazobactam (ZOSYN) 4.5 g IV	<b>"Followed by" Linked Panel</b>
[ ] piperacillin-tazobactam (ZOSYN) 4.5 g IV Once	<p>4.5 g, intravenous, for .5 Hours, once, For 1 Doses  Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>

[ ] 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
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) meropenem (MERREM) 500 mg IV	
[ ] meropenem (MERREM) IV	<p>500 mg, intravenous, every 6 hours</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) meropenem (MERREM) 500 mg intraMUSCULAR	
[ ] meropenem (MERREM) injection	<p>0.5 g, intramuscular, every 6 hours</p> <p>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).</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] IF health-care associated, ADD - vancomycin (VANCOCIN) IV (Selection Required)	
[ ] vancomycin (VANCOCIN)	<p>15 mg/kg, intravenous, every 12 hours</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] IF high risk or severe, consider antifungal coverage - fluconazole (DIFLUCAN) 400 mg IV	
[ ] fluconazole (DIFLUCAN) IV	<p>400 mg, intravenous, for 60 Minutes, every 24 hours</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) SEVERE Penicillin Allergy (Single Response)	
( ) aztreonam (AZACTAM) 2 g IV + metronIDAZOLE (FLAGYL) 500 mg IV	

[ ] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 8 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] IF health-care associated, ADD - vancomycin 15 mg/kg IV (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
( ) micafungin (MYCAMINE) IVPB (RESTRICTED)	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) aztreonam (AZACTAM) 2 g intraMUSCULAR + metroNIDAZOLE (FLAGYL) 500 mg IV	<p>100 mg, intravenous</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>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?</p> <p>Reason for Therapy: Other</p> <p>Specify: Sepsis</p> <p>Authorizing ID:</p>
[ ] aztreonam (AZACTAM) intraMUSCULAR	<p>2 g, intramuscular, every 8 hours</p> <p>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).</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p>
[ ] metroNIDAZOLE (FLAGYL) IV	<p>500 mg, intravenous, every 8 hours</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] IF health-care associated, ADD - vancomycin 15 mg/kg IV (Selection Required)	

[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) micafungin (MYCAMINE) IVPB (RESTRICTED)	100 mg, intravenous Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>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?</p> <p>Reason for Therapy: Other</p> <p>Specify: Sepsis</p> <p>Authorizing ID:</p>
( ) SEVERE Vancomycin Allergy	
[ ] ceFEPime + metroNIDAZOLE (FLAGYL) OR piperacillin-tazobactam (ZOSYN) IV OR meropenem (MERREM) IV (Single Response) (Selection Required)	
( ) ceFEPime 2 g IV + metroNIDAZOLE (FLAGYL) 500 mg IV	



<div> <div>[ ]</div> <div>ceFEPime (MAXIPIME) IV</div> </div>	<div> <div>2 g, intravenous, every 8 hours</div> <div>Classification: Broad Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy:</div> </div>
<div> <div>[ ]</div> <div>metronidazole (FLAGYL) IV</div> </div>	<div> <div>500 mg, intravenous, every 8 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> </div>
<div> <div>( )</div> <div>ceFEPime 2 g intraMUSCULAR + metronIDAZOLE (FLAGYL) 500 mg IV</div> </div>	
<div> <div>[ ]</div> <div>cefepime (MAXIPIME) IM</div> </div>	<div> <div>2 g, intramuscular, every 8 hours</div> <div>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).</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>IM Route Selection: I have opted to select the IM route because IV access could not be established</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div>[ ]</div> <div>metronidazole (FLAGYL) IV</div> </div>	<div> <div>500 mg, intravenous, every 8 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> </div>
<div> <div>( )</div> <div>piperacillin-tazobactam (ZOSYN) 4.5 g IV</div> </div>	
<div> <div>[ ]</div> <div>piperacillin-tazobactam (ZOSYN) IV</div> </div>	<div> <div>4.5 g, intravenous, every 6 hours</div> <div>Classification: Broad Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> <div>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</div> </div>
<div> <div>( )</div> <div>If Pseudomonas Suspected - piperacillin-tazobactam (ZOSYN) 4.5 g IV</div> </div>	<div> <div>"Followed by" Linked Panel</div> </div>

[ ] piperacillin-tazobactam (ZOSYN) 4.5 g IV Once	4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) meropenem (MERREM) 500 mg IV	
[ ] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) meropenem (MERREM) 500 mg intraMUSCULAR	
[ ] meropenem (MERREM) injection	<p>0.5 g, intramuscular, every 6 hours</p> <p>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).</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>

[ ] IF health-care associated, ADD - linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] IF high risk or severe, consider antifungal coverage - fluconazole (DIFLUCAN) 400 mg IV	
[ ] fluconazole (DIFLUCAN) IV	<p>400 mg, intravenous, for 60 Minutes, every 24 hours</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) SEVERE Penicillin AND Vancomycin Allergy (Single Response)	
( ) aztreonam (AZACTAM) 2 g IV + metroNIDAZOLE (FLAGYL) 500 mg IV	
[ ] aztreonam (AZACTAM) IV	<p>2 g, intravenous, every 8 hours</p> <p>Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Type of Therapy: New Anti-Infective Order</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] metroNIDAZOLE (FLAGYL) IV	<p>500 mg, intravenous, every 8 hours</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Type of Therapy: New Anti-Infective Order</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>

[ ] IF health-care associated, ADD - linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) micafungin (MYCAMINE) IVPB (RESTRICTED)	100 mg, intravenous Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>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?</p> <p>Reason for Therapy: Other</p> <p>Specify: Sepsis</p> <p>Authorizing ID:</p>
( ) aztreonam (AZACTAM) 2 g intraMUSCULAR + metroNIDAZOLE (FLAGYL) 500 mg IV	
[ ] aztreonam (AZACTAM) intraMUSCULAR	<p>2 g, intramuscular, every 8 hours</p> <p>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).</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p>

<div> <div>[ ]</div> <div>metroNIDAZOLE (FLAGYL) IV</div> </div>	<div> <div>500 mg, intravenous, every 8 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Type of Therapy: New Anti-Infective Order</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> </div>
<div> <div>[ ]</div> <div>IF healthcare-associated, ADD - linezolid in dextrose 5% (ZYVOX) IVPB</div> </div>	<div> <div>600 mg, intravenous, for 60 Minutes, every 12 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Reason for Therapy: Bacterial Infection Suspected</div> <div>Indication: Sepsis</div> </div>
<div> <div>[ ]</div> <div>IF high risk or severe, consider antifungal coverage: fluconazole (DIFLUCAN) IV or micafungin (MYCAMINE) IV (Single Response)</div> </div>	<div>Note: Use fluconazole (DIFLUCAN) only in patients with absolutely no risk factors for C. glabrata or resistance</div>
<div> <div>( )</div> <div>fluconazole (DIFLUCAN) IV</div> </div>	<div> <div>800 mg, intravenous, for 60 Minutes, every 24 hours</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:</div> <div>Reason for Therapy:</div> </div>
<div> <div>( )</div> <div>micafungin (MYCAMINE) IVPB (RESTRICTED)</div> </div>	<div> <div>100 mg, intravenous</div> <div>Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</div> <div>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?</div> <div>Reason for Therapy: Other</div> <div>Specify: Sepsis</div> <div>Authorizing ID:</div> </div>
<div> <div>[ ]</div> <div>Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT (Single Response)</div> </div>	<div>Does your patient have a SEVERE penicillin allergy?</div>

( ) No SEVERE Penicillin OR Vancomycin Allergy (Single Response)

Dexamethasone is recommended for treatment of proven or suspected pneumococcal meningitis due to *S. pneumoniae*

( ) cefTRIAxone (ROCEPHIN) 2 g IV + vancomycin 15 mg/kg 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

Recommendation: 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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 - 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 + vancomycin 15 mg/kg IV + ampicillin 2 g IV - For Patients GREATER 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 Consult to Dose (Selection Required)

[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] ampicillin IV	2 g, intravenous, for 30 Minutes, every 4 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] 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 intraMUSCULAR + vancomycin 15 mg/kg IV - For Patients LESS than 50 years old	
[ ] cefTRIAXone (ROCEPHIN) IM	<p>2 g, intramuscular, every 12 hours</p> <p>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).</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	

[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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 intraMUSCULAR + vancomycin 15 mg/kg IV + ampicillin 2 g intraMUSCULAR - For Patients GREATER than 50 years old	
[ ] cefTRIAXone (ROCEPHIN) IM	<p>2 g, intramuscular, every 12 hours</p> <p>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).</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>



[ ] 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.
[ ] OPTIONAL Additional Therapies - riFAMPin (RIFADIN) capsule	600 mg, oral, daily 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 <i>S. pneumoniae</i>	
( ) aztreonam (AZACTAM) 2 g IV + vancomycin 15 mg/kg IV	
[ ] 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 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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.
( ) aztreonam (AZACTAM) 2 g intraMUSCULAR + vancomycin 15 mg/kg IV	

[ ] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 12 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p> <p>Indication: Sepsis</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p> <p>Indication: Sepsis - Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT</p>
[ ] 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 <i>S. pneumoniae</i>
( ) cefTRIAXone (ROCEPHIN) 2 g IV + linezolid (ZYVOX) 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
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>

[ ] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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 (ZYVOX) 600 mg IV + ampicillin 2 g IV - For Patients GREATER than 50 years old	
[ ] cefTRIAxone (ROCEPHIN) IV	2 g, intravenous, for 30 Minutes, every 12 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>

[ ] ampicillin IV	<p>2 g, intravenous, for 30 Minutes, every 4 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
[ ] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV	<p>0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.</p>
[ ] OPTIONAL Additional Therapies - rifampin (RIFADIN) capsule	<p>600 mg, oral, daily Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>
( ) ceftriaxone (ROCEPHIN) 2 g intramuscular + linezolid (ZYVOX) 600 mg IV - For Patients LESS than 50 years old	
[ ] ceftriaxone (ROCEPHIN) IM	<p>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</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	<p>15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
[ ] Pharmacy consult to manage vancomycin	<p>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</p>

[ ] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>	
[ ] 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
<p>( ) cefTRIAxone (ROCEPHIN) 2 g intraMUSCULAR + linezolid (ZYVOX) 600 mg IV + ampicillin 2 g intraMUSCULAR - For Patients GREATER than 50 years old</p>	
[ ] cefTRIAxone (ROCEPHIN) IM	<p>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</p>
[ ] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>	
[ ] ampicillin IM	<p>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</p>
[ ] 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
<p>( ) SEVERE Penicillin AND Vancomycin Allergy (Single Response)</p>	
Dexamethasone is recommended for treatment of proven or suspected pneumococcal meningitis due to S. pneumoniae	
<p>( ) aztreonam (AZACTAM) 2 g IV + linezolid (ZYVOX) 600 mg IV</p>	

[ ] aztreonam (AZACTAM) IV	2 g, intravenous, every 12 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p>
[ ] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] 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 + linezolid (ZYVOX) 600 mg IV	
[ ] aztreonam (AZACTAM) IM	2 g, intramuscular, every 12 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p>
[ ] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV	0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.
[ ] 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 (Single Response)

Dexamethasone is recommended for treatment of proven or suspected pneumococcal meningitis due to *S. pneumoniae*

☐ ceFEPime 2 g IV or meropenem (MERREM) 2 g IV + vancomycin 15 mg/kg IV - For Patients LESS than 50 years old

☐ ceFEPime 2 g IV or meropenem (MERREM) 2 g IV (Single Response)

☐ 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 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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 - dexamethasone (DECADRON) IV	0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.
( ) ceFEPime 2 g IV or meropenem (MERREM) 2 g IV + vancomycin 15 mg/kg IV + ampicillin 2 g IV - For Patients GREATER than 50 years old	
[ ] ceFEPime 2 g IV or meropenem (MERREM) 2 g IV (Single Response)	
( ) ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) meropenem (MERREM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy:</p>
[ ] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days): Indication: Sepsis - Bacterial Meningitis - Community-Acquired and ImmunoSUPPRESSED



[ ] ampicillin IV	<p>2 g, intravenous, for 30 Minutes, every 4 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
[ ] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV	<p>0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.</p>
[ ] OPTIONAL Additional Therapies - riFAMpin (RIFADIN) capsule	<p>600 mg, oral, daily Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>
( ) ceFEPime 2 g intraMUSCULAR or meropenem (MERREM) 2 g IV + vancomycin 15 mg/kg IV - For Patients LESS than 50 years old	
[ ] ceFEPime 2 g intraMUSCULAR + meropenem (MERREM) 2 g IV (Single Response)	
( ) cefepime (MAXIPIME) intraMUSCULAR	<p>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</p>
( ) meropenem (MERREM) IV	<p>2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	<p>15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>

[ ] 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 - 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
( ) ceFEPime 2 g intraMUSCULAR or meropenem (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	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 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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 - 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)	Dexamethasone is recommended for treatment of proven or suspected pneumococcal meningitis due to <i>S. pneumoniae</i>
( ) aztreonam (AZACTAM) 2 g IV + vancomycin 15 mg/kg IV	
[ ] 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 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 administer these immediately at the SAME TIME via different IV sites. Do not wait 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.
( ) aztreonam (AZACTAM) 2 g intraMUSCULAR + vancomycin 15 mg/kg IV	

[ ] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 12 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p>
[ ] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[ ] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p> <p>Indication: Sepsis</p>
[ ] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Duration of Therapy (Days):</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p> <p>Indication: Sepsis - Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT</p>
[ ] 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 IV + linezolid (ZYVOX) 600 mg IV - For Patients LESS than 50 years old	
[ ] ceFEPime 2 g IV or meropenem (MERREM) 2 g IV (Single Response)	
( ) ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>

<p>( ) meropenem (MERREM) IV</p>	<p>2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
<p>[ ] linezolid in dextrose 5% (ZYVOX) IVPB</p>	<p>600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
<p>( ) ceFEPime 2 g IV or meropenem (MERREM) 2 g IV + linezolid (ZYVOX) 600 mg IV + ampicillin 2 g IV - For Patients GREATER than 50 years old</p>	
<p>[ ] ceFEPime 2 g IV or meropenem (MERREM) 2 g IV (Single Response)</p>	
<p>( ) ceFEPime (MAXIPIME) IV</p>	<p>2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
<p>( ) meropenem (MERREM) IV</p>	<p>2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>

[ ] linezolid in dextrose 5% (ZYVOX) IVPB	<p>600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
[ ] ampicillin IV	<p>2 g, intravenous, for 30 Minutes, every 4 hours Classification: Narrow Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>
( ) ceFEPime 2 g intraMUSCULAR or meropenem (MERREM) 2 g IV + linezolid (ZYVOX) 600 mg IV - For Patients LESS than 50 years old	
[ ] ceFEPime 2 g intraMUSCULAR + meropenem (MERREM) 2 g IV (Single Response)	
( ) cefepime (MAXIPIME) intraMUSCULAR	<p>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</p>
( ) meropenem (MERREM) IV	<p>2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</p>

[ ] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) ceFEPime 2 g intraMUSCULAR or meropenem (MERREM) IV + linezolid (ZYVOX) 600 mg 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	<p>2 g, intramuscular, every 8 hours</p> <p>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).</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>IM Route Selection: I have opted to select the IM route because IV access could not be established</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
( ) meropenem (MERREM) IV	<p>2 g, intravenous, every 8 hours</p> <p>Classification: Broad Spectrum Antibiotic</p> <p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>
[ ] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	<p>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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.</p> <p>Reason for Therapy: Bacterial Infection Suspected</p> <p>Indication: Sepsis</p> <p>Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification</p>

<div> <div>[ ] ampicillin IV</div> <div>( ) SEVERE Penicillin AND Vancomycin Allergy (Single Response)</div> </div>	<div> <div>2 g, intravenous, for 30 Minutes, every 4 hours Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</div> </div>
<div>Dexamethasone is recommended for treatment of proven or suspected pneumococcal meningitis due to S. pneumoniae</div>	
<div>( ) aztreonam (AZACTAM) 2 g IV + linezolid (ZYVOX) 600 mg IV</div>	
<div>[ ] aztreonam (AZACTAM) IV</div>	<div> <div>2 g, intravenous, every 12 hours Classification: Broad Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</div> </div>
<div>[ ] linezolid in dextrose 5% (ZYVOX) IVPB</div>	<div> <div>600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic</div> <div>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait 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</div> </div>
<div>( ) aztreonam (AZACTAM) 2 g intraMUSCULAR + linezolid (ZYVOX) 600 mg IV</div>	
<div>[ ] aztreonam (AZACTAM) IM</div>	<div> <div>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 IM Route Selection: I have opted to select the IM route because IV access could not be established</div> </div>



[ ] 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 initial fluid resuscitation with crystalloids.

Indication:

#### Vasopressor Therapy (if unresponsive to initial fluid bolus) (Single Response)

\*\* if unresponsive to initial fluid bolus \*\*

( ) 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

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.

#### Inotropic Therapy

[ ] DOButamine (DOBUTREX) infusion

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.

#### Steroids

\*\*Per 2012 guidelines, steroid therapy is only recommended in the case of hypotension which is refractory to both fluids and vasopressor therapy. Stress dose steroids should also be considered for patients with a history of recent and/or chronic steroid use\*\*

[ ] hydrocortisone sodium succinate (Solu-CORTEF) injection

50 mg, intravenous, every 6 hours

For patients with shock refractory to fluids and vasopressors.

### Labs

#### Laboratory - STAT

<input type="checkbox"/>	Arterial blood gas	STAT For 1 Occurrences
<input type="checkbox"/>	Venous blood gas	STAT For 1 Occurrences
<input type="checkbox"/>	Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/>	Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/>	B natriuretic peptide	STAT For 1 Occurrences
<input type="checkbox"/>	Troponin T	STAT For 1 Occurrences
<input type="checkbox"/>	Fibrinogen	STAT For 1 Occurrences
<input type="checkbox"/>	Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/>	Ionized calcium	STAT For 1 Occurrences
<input type="checkbox"/>	Lactic acid level	STAT For 1 Occurrences
<input type="checkbox"/>	Magnesium	STAT For 1 Occurrences
<input type="checkbox"/>	Phosphorus	STAT For 1 Occurrences
<input type="checkbox"/>	Type and screen	
<input type="checkbox"/>	Type and screen	STAT For 1 Occurrences, Blood Bank
<input type="checkbox"/>	ABO and Rh confirmation	Once, Blood Bank Confirmation

#### Laboratory - STAT

<input type="checkbox"/>	Arterial blood gas	STAT For 1 Occurrences
<input type="checkbox"/>	Venous blood gas	STAT For 1 Occurrences
<input type="checkbox"/>	Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	Prothrombin time with INR, I-Stat	STAT For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/>	Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/>	Fibrinogen	STAT For 1 Occurrences
<input type="checkbox"/>	B natriuretic peptide	STAT For 1 Occurrences
<input type="checkbox"/>	Troponin T	STAT For 1 Occurrences
<input type="checkbox"/>	Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/>	Ionized calcium	STAT For 1 Occurrences
<input type="checkbox"/>	Lactic acid level	STAT For 1 Occurrences
<input type="checkbox"/>	Magnesium	STAT For 1 Occurrences
<input type="checkbox"/>	Phosphorus	STAT For 1 Occurrences
<input type="checkbox"/>	Type and screen	
<input type="checkbox"/>	Type and screen	STAT For 1 Occurrences, Blood Bank
<input type="checkbox"/>	ABO and Rh confirmation	Once, Blood Bank Confirmation

#### Laboratory - STAT

<input type="checkbox"/>	Arterial blood gas	STAT For 1 Occurrences
<input type="checkbox"/>	Venous blood gas	STAT For 1 Occurrences
<input type="checkbox"/>	Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	Prothrombin time with INR, I-Stat	STAT For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/>	Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/>	CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/>	Fibrinogen	STAT For 1 Occurrences
<input type="checkbox"/>	B natriuretic peptide	STAT For 1 Occurrences
<input type="checkbox"/>	Troponin T	STAT For 1 Occurrences
<input type="checkbox"/>	Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/>	Ionized calcium	STAT For 1 Occurrences
<input type="checkbox"/>	Lactic acid, I-Stat	STAT For 1 Occurrences
<input type="checkbox"/>	Magnesium	STAT For 1 Occurrences
<input type="checkbox"/>	Phosphorus	STAT For 1 Occurrences
<input type="checkbox"/>	Type and screen	
<input type="checkbox"/>	Type and screen	STAT For 1 Occurrences, Blood Bank
<input type="checkbox"/>	ABO and Rh confirmation	Once, Blood Bank Confirmation

### Laboratory - Repeat

<input type="checkbox"/> Basic metabolic panel	Every 6 hours, Starting S For 2 Occurrences
<input type="checkbox"/> Blood gas, venous	Every 6 hours, Starting S For 2 Occurrences
<input type="checkbox"/> CBC with differential	Every 6 hours, Starting S For 2 Occurrences

### Laboratory - Additional Microbiology Screens

<input type="checkbox"/> Aerobic culture	Once For 1 Occurrences
<input type="checkbox"/> Anaerobic culture	Once For 1 Occurrences
<input type="checkbox"/> Respiratory culture, quantitative	Once For 1 Occurrences, Mini bronchial alveolar lavage
<input type="checkbox"/> Respiratory pathogen panel with COVID-19 RT-PCR	Once For 1 Occurrences
<input type="checkbox"/> Sputum culture	Once For 1 Occurrences, Sputum
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once For 1 Occurrences Specimen Source: Urine Specimen Site:

### Laboratory - Additional Microbiology Screens

<input type="checkbox"/> Aerobic culture	Once
<input type="checkbox"/> Anaerobic culture	Once
<input type="checkbox"/> Gastrointestinal panel	Once, Stool
<input type="checkbox"/> Respiratory culture, quantitative	Once, Mini bronchial alveolar lavage
<input type="checkbox"/> Respiratory pathogen panel with COVID-19 RT-PCR	Once
<input type="checkbox"/> Sputum culture	Once, Sputum
<input type="checkbox"/> Urine Culture and Urinalysis	<b>"And" Linked Panel</b>
<input type="checkbox"/> Urine culture	Once For 1 Occurrences, Urine
<input type="checkbox"/> Urinalysis	STAT For 1 Occurrences

### Laboratory - Additional Microbiology Screens

<input type="checkbox"/> Aerobic culture	Once For 1 Occurrences
<input type="checkbox"/> Anaerobic culture	Once For 1 Occurrences
<input type="checkbox"/> Gastrointestinal panel	Once For 1 Occurrences, Stool
<input type="checkbox"/> Respiratory culture, quantitative	Once For 1 Occurrences, Mini bronchial alveolar lavage
<input type="checkbox"/> Respiratory pathogen panel with COVID-19 RT-PCR	Once For 1 Occurrences
<input type="checkbox"/> Sputum culture	Once For 1 Occurrences, Sputum
<input type="checkbox"/> Urinalysis	Once For 1 Occurrences
<input type="checkbox"/> Urine culture	Once For 1 Occurrences, Urine

## Imaging

### Chest X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> Chest 2 Vw	STAT, 1 time imaging, Starting S at 1:00 AM For 1

## Consults

### Antibiotics Pharmacy Consult

<input type="checkbox"/> Pharmacy consult to manage dose adjustments for renal function	Routine, Until discontinued, Starting S Adjust dose for: Pharmacy consult to review orders for renal dosing prior to administration of second dose of antibiotics
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### Consults

<input type="checkbox"/> Consult Infectious Diseases	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
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