

**Location:** \_\_\_\_\_

**[Click Here for CMS Sepsis Management Components and Interventions](#)**

**Sign:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Diagnostic Criteria:**

<b>CMS Sepsis SIRS and Organ Dysfunction Criteria</b>	
<b>Non-Pregnant AND Up to 19 wks and 6 days Pregnant Criteria</b>	<b>Pregnant 20 wks THROUGH Day 3 Post-Delivery Criteria</b>
<b>SIRS Criteria</b>	<b>SIRS Criteria</b>
* Temp > 38.3 C or < 36.0 C (> 100.9 F or < 96.8 F)	* Temp > 38.0 C or < 36.0 C (> 100.4 F or < 96.8 F)
* HR > 90	* HR > 110
* RR > 20/min	* RR > 24/min
* WBC > 12,000 or 10% bands or < 4,000	* WBC > 15,000 or 10% bands or < 4,000
<b>Organ Dysfunction</b>	<b>Organ Dysfunction</b>
* SBP < 90mmHg or MAP < 65mmHg	* SBP < 85mmHg or MAP < 65mmHg
* SBP decrease of more than 40mmHg	* SBP decrease of more than 40mmHg
* Acute respiratory failure as evidence by a new need for  invasive or non-invasive mechanical ventilation (Vent,  BiPaP, CPCR, etc.)	* Acute respiratory failure as evidence by a new need for  invasive or non-invasive mechanical ventilation (Vent, BiPaP, CPCR, etc.)
* Creatinine > 2.0	* Creatinine > 1.2
* Urine Output < 0.5ml/kg/hr for 2 consecutive hours	* Urine Output < 0.5ml/kg/hr for 2 consecutive hours
* Total Bili > 2.0	* Total Bili > 2.0
* Plt count < 100,000	* Plt count < 100,000
* INR > 1.5 or aPTT > 60sec not related to medication	* INR > 1.5 or aPTT > 60sec not related to medication
* Lactate > 2.0	* Lactate > 2.0

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Treatment:

Treatment:	
<b>Severe Sepsis:</b>	<p>Within 3 hours of presentation or with any clinical suspicion:</p> <ul style="list-style-type: none"> <li>● Collect initial lactate level</li> <li>● Start broad spectrum antibiotics</li> <li>● Collect blood cultures prior to antibiotics</li> <li>● Administer 30mL/kg crystalloid fluids for hypotension (SBP less than 90 or MAP less than 65), signs and symptoms of acute organ dysfunction, and/or lactic acid greater than 2</li> </ul>
	<p>Within 6 hours of presentation:</p> <ul style="list-style-type: none"> <li>● Repeat lactate if initial lactate greater than or equal to 2</li> </ul>
Treatment:	
<b>Septic Shock:</b>	<p>Within 3 hours of presentation or with any clinical suspicion:</p> <ul style="list-style-type: none"> <li>● Administer 30mL/kg crystalloid fluids</li> </ul> <p>Within 6 hours of presentation:</p> <ul style="list-style-type: none"> <li>● <b>IF</b> hypotension persists                             <ul style="list-style-type: none"> <li>○ Administer vasopressor</li> </ul> </li> <li>● <b>IF</b> hypotension persist OR initial lactate greater than or equal to 4                             <ul style="list-style-type: none"> <li>○ Assess volume status and tissue perfusion                                     <ul style="list-style-type: none"> <li>■ Focused exam   <ul style="list-style-type: none"> <li>V/S <b>AND</b></li> <li>Cardiopulmonary exam <b>AND</b></li> <li>Capillary refill evaluation <b>AND</b></li> <li>Peripheral pulse evaluation <b>AND</b></li> <li>Skin examination</li> </ul> </li> </ul> </li> <li><b>OR</b></li> <li>● Any two of the following:                                     <ul style="list-style-type: none"> <li>○ CVP measurement   <ul style="list-style-type: none"> <li>■ Central oxygen measurement</li> </ul> </li> <li>○ Bedside CV U/S</li> <li>○ Passive leg rise <b>OR</b> fluid challenge</li> </ul> </li> </ul> </li> </ul>

**IV / Central Line Access - Hemodynamics Monitoring**

**IV / Central Line Access**

Initiate and maintain IV

**Insert peripheral IV** Frequency: Once Priority: Routine

**sodium chloride 0.9 % flush** Dose: 10 mL Frequency: every 12 hours scheduled PRN Reasons: line care

**sodium chloride 0.9 % flush** Dose: 10 mL Route: intravenous Frequency: PRN PRN Reasons: line care

**Hemodynamic Monitoring**

**\*\*If patient has IJ or Subclavian Central Venous Line\*\***

**Hemodynamic Monitoring - CVP** Frequency: Every hour Priority: Routine

Question(s):

Measure:  CVP

**Nursing**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Nursing - HMM, HMSL and HMB**

**Vital signs - T/P/R/BP** Frequency: Every hour **Frequency Limit:** 3 Hours **Priority:** Routine **Comments:** 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** Frequency: Daily **Priority:** Routine **Comments:** Place SpO2 monitor (near infrared spectroscopy)

**Question(s):**

Current FIO2 or Room Air:

**Daily weights** Frequency: Daily **Priority:** Routine **Comments:** Notify provider if weight is over 5 pounds from initial dry weight

**Activity: Bed rest initially then progress as tolerated** Frequency: Until discontinued **Priority:** Routine

**Question(s):**

Specify:  Other activity (specify)

Other: Bed rest initially then progress activity as tolerated

**Patient education** Frequency: Prior to discharge **Priority:** Routine

**Question(s):**

Education for:  Other (specify)

Specify: Sepsis Education

Patient/Family:

**Nursing - HMWB and HMTW**

**Vital signs - T/P/R/BP** Frequency: Every hour **Frequency Limit:** 3 Hours **Priority:** Routine **Comments:** 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** Frequency: Daily **Priority:** Routine **Comments:** 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).

**Question(s):**

Current FIO2 or Room Air:

**Daily weights** Frequency: Daily **Priority:** Routine **Comments:** Notify provider if weight is over 5 pounds from initial dry weight

**Activity: Bed rest initially then progress as tolerated** Frequency: Until discontinued **Priority:** Routine

**Question(s):**

Specify:  Other activity (specify)

Other: Bed rest initially then progress activity as tolerated

**Patient education** Frequency: Prior to discharge **Priority:** Routine

**Question(s):**

Education for:  Other (specify)

Specify: Sepsis Education

Patient/Family:

**Nursing - HMW and HMSTC**

**Vital signs - T/P/R/BP** Frequency: Every hour **Frequency Limit:** 3 Hours **Priority:** Routine **Comments:** 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** Frequency: Daily **Priority:** Routine **Comments:** Place SpO2 monitor (near infrared spectroscopy)

**Question(s):**

Current FIO2 or Room Air:

**Daily weights** Frequency: Daily **Priority:** Routine **Comments:** Notify provider if weight is over 5 pounds from initial dry weight

**Activity: Bed rest initially then progress as tolerated** Frequency: Until discontinued **Priority:** Routine

**Question(s):**

Specify:  Other activity (specify)

Other: Bed rest initially then progress activity as tolerated

**Patient education** Frequency: Prior to discharge **Priority:** Routine

**Question(s):**

Patient/Family:  Both

Education for:  Other (specify)

Specify: Sepsis Education

**Insert and maintain Foley**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Insert Foley catheter** Frequency: Once Priority: Routine

**Question(s):**

Type:

Size:

Urinometer needed:

Indication:

**Primary Ordering Comments:**

Foley catheter may be removed per nursing protocol.

**Foley Catheter Care** Frequency: Until discontinued Priority: Routine

**Question(s):**

Orders: Maintain

**Nursing - HMCL**

**Vital signs - T/P/R/BP** Frequency: Every hour Frequency Limit: 3 Hours Priority: Routine Comments: 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** Frequency: Daily Priority: Routine Comments: Place SpO2 monitor (near infrared spectroscopy)

**Question(s):**

Current FIO2 or Room Air:

**Daily weights** Frequency: Daily Priority: Routine Comments: Notify provider if weight is over 5 pounds from initial dry weight

**Activity: Bed rest initially then progress as tolerated** Frequency: Until discontinued Priority: Routine

**Question(s):**Specify:  Other activity (specify)

Other: Bed rest initially then progress activity as tolerated

**Patient education** Frequency: Prior to discharge Priority: Routine

**Question(s):**Education for:  Other (specify)

Specify: Sepsis Education

Patient/Family:

**Telemetry**

**Telemetry monitoring** Frequency: Continuous Frequency Limit: 48 Hours Priority: Routine

**Question(s):**

Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)

Reason for telemetry:

Can be off of Telemetry for baths? Yes

Can be off for transport and tests? Yes

**Telemetry additional setup information** Frequency: Continuous Frequency Limit: 48 Hours Priority: Routine

**Question(s):**

High Heart Rate (BPM): 130.000

Low Heart Rate(BPM): 50.000

High PVC's (per minute): 10.000

**Insert and maintain Foley**

**Insert Foley catheter** Frequency: Once Priority: Routine

**Question(s):**

Type:

Size:

Urinometer needed:

Indication:

**Primary Ordering Comments:**

Foley catheter may be removed per nursing protocol.

**Foley Catheter Care** Frequency: Until discontinued Priority: Routine

**Question(s):**

Orders: Maintain

**Notify**

**Notify Provider/Clinical Response Team:** Frequency: Until discontinued Priority: Routine Comments: -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)

**Initial Management of Suspected Sepsis**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Blood Cultures** **Blood culture, aerobic and anaerobic x 2** **Blood culture, aerobic and anaerobic x 2**Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

**Blood Culture Best Practices** (<https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf>) **Blood culture, aerobic & anaerobic** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Comments:** Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used. **Blood culture, aerobic & anaerobic** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Comments:** Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.**Lactic Acid - STAT and repeat 2 times every 3 hours** **Lactic acid level - Now and repeat 2x every 3 hours** **Frequency:** Now and repeat 2x every 3 hours **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** STAT - SPECIMEN MUST BE DELIVERED IMMEDIATELY TO THE LABORATORY. Repeat lactic acid in 3 hours.**Lactic Acid - STAT and repeat 2 times every 3 hours** **Lactic acid level - Now and repeat 2x every 3 hours** **Frequency:** Now and repeat 2x every 3 hours **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** STAT - SPECIMEN MUST BE DELIVERED IMMEDIATELY TO THE LABORATORY. Repeat lactic acid in 3 hours.**Lactic Acid - STAT and repeat 2 times every 3 hours****\*\*unselect if already collected\*\*** **Lactic acid, I-Stat - Now and repeat 2x every 3 hours** **Frequency:** Now and repeat 2x every 3 hours **Priority:** Routine **Specimen Type:** Blood **Comments:** STAT. Repeat lactic acid in 3 hours. **IV Fluids**

The target fluid bolus volume can be calculated using the ideal weight as long as the provider indicates that the patient is obese (BMI GREATER than or EQUAL to 30.5). If the provider does not indicate obesity, the actual weight will be used to calculate the target volume.

 **MEETS criteria for 30 mL/kg (Required)** **Does NOT meet criteria for 30 mL/kg** **lactated ringers IV bolus and infusion + Vital Signs** **lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours** **lactated ringers bolus** **Dose:** 30 mL/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT**Admin Instructions:**

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.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Fluid bolus vital signs - P/R/BP** Frequency: Every 15 min Frequency Limit: 4 Hours Priority:

Routine

**Primary Ordering Comments:**

Monitor vital signs (blood pressure, pulse, respiratory rate) during the IV fluid bolus administration every 15 minutes. Reassess patient and capture one complete sets of vital signs (blood pressure, pulse, respiratory rate) after IV fluid bolus has completed and one more complete set of vital signs every 15 minutes for a total of TWO COMPLETE SETS OF VITAL SIGNS after the IV fluid bolus infusion has completed. If the patient's MAP is not in the target range of 65 to 70 mmHg or if the SBP is LESS than 90 mmHg then notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of IV fluid bolus administration for provider volume status documentation.

**lactated ringers IV infusion**

**lactated ringer's infusion** Dose: 126 mL/hr Route: intravenous Frequency: continuous

**Admin Instructions:**

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 and infusion + Vitals Every 15 Minutes x 4 Hours**

**sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours**

**sodium chloride 0.9 % bolus** Dose: 30 mL/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Admin Instructions:**

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.

**Fluid bolus vital signs - P/R/BP** Frequency: Every 15 min Frequency Limit: 4 Hours Priority:

Routine

**Primary Ordering Comments:**

Monitor vital signs (blood pressure, pulse, respiratory rate) during the IV fluid bolus administration every 15 minutes. Reassess patient and capture one complete sets of vital signs (blood pressure, pulse, respiratory rate) after IV fluid bolus has completed and one more complete set of vital signs every 15 minutes for a total of TWO COMPLETE SETS OF VITAL SIGNS after the IV fluid bolus infusion has completed. If the patient's MAP is not in the target range of 65 to 70 mmHg or if the SBP is LESS than 90 mmHg then notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of IV fluid bolus administration for provider volume status documentation.

**sodium chloride 0.9% infusion**

**sodium chloride 0.9% infusion** Dose: 126 mL/hr Route: intravenous Frequency: continuous

**Admin Instructions:**

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.

**Calculate dose using Ideal Body Weight**

**lactated ringers IV bolus and infusion + Vital Signs**

**lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours**

Sign: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_

**lactated ringers bolus** Dose: 30 mL/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Admin Instructions:**

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.

**Fluid bolus vital signs - P/R/BP** Frequency: Every 15 min Frequency Limit: 4 Hours Priority: Routine

**Primary Ordering Comments:**

Monitor vital signs (blood pressure, pulse, respiratory rate) during the IV fluid bolus administration every 15 minutes. Reassess patient and capture one complete sets of vital signs (blood pressure, pulse, respiratory rate) after IV fluid bolus has completed and one more complete set of vital signs every 15 minutes for a total of TWO COMPLETE SETS OF VITAL SIGNS after the IV fluid bolus infusion has completed. If the patient's MAP is not in the target range of 65 to 70 mmHg or if the SBP is LESS than 90 mmHg then notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of IV fluid bolus administration for provider volume status documentation.

**lactated ringers IV infusion**

**lactated ringer's infusion** Dose: 126 mL/hr Route: intravenous Frequency: continuous

**Admin Instructions:**

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 and infusion + Vitals Every 15 Minutes x 4 Hours**

**sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours**

**sodium chloride 0.9 % bolus** Dose: 30 mL/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Admin Instructions:**

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.

**Fluid bolus vital signs - P/R/BP** Frequency: Every 15 min Frequency Limit: 4 Hours Priority: Routine

**Primary Ordering Comments:**

Monitor vital signs (blood pressure, pulse, respiratory rate) during the IV fluid bolus administration every 15 minutes. Reassess patient and capture one complete sets of vital signs (blood pressure, pulse, respiratory rate) after IV fluid bolus has completed and one more complete set of vital signs every 15 minutes for a total of TWO COMPLETE SETS OF VITAL SIGNS after the IV fluid bolus infusion has completed. If the patient's MAP is not in the target range of 65 to 70 mmHg or if the SBP is LESS than 90 mmHg then notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of IV fluid bolus administration for provider volume status documentation.

**sodium chloride 0.9% infusion**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**sodium chloride 0.9% infusion** Dose: 126 mL/hr Route: intravenous Frequency: continuous

**Admin Instructions:**

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.

Does NOT meet criteria for 30 mL/kg

**lactated ringers IV bolus and infusion + Vital Signs**

**lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours**

**lactated ringers bolus** Dose: 30 mL/kg Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Admin Instructions:**

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.

**Fluid bolus vital signs - P/R/BP** Frequency: Every 15 min Frequency Limit: 4 Hours Priority: Routine

**Primary Ordering Comments:**

Monitor vital signs (blood pressure, pulse, respiratory rate) during the IV fluid bolus administration every 15 minutes. Reassess patient and capture one complete sets of vital signs (blood pressure, pulse, respiratory rate) after IV fluid bolus has completed and one more complete set of vital signs every 15 minutes for a total of TWO COMPLETE SETS OF VITAL SIGNS after the IV fluid bolus infusion has completed. If the patient's MAP is not in the target range of 65 to 70 mmHg or if the SBP is LESS than 90 mmHg then notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of IV fluid bolus administration for provider volume status documentation.

**lactated ringers IV infusion**

**lactated ringer's infusion** Dose: 126 mL/hr Route: intravenous Frequency: continuous

**Admin Instructions:**

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 and infusion + Vitals Every 15 Minutes x 4 Hours**

**sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours**

**sodium chloride 0.9 % bolus** Dose: 30 mL/kg Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Admin Instructions:**

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.

**Fluid bolus vital signs - P/R/BP** Frequency: Every 15 min Frequency Limit: 4 Hours Priority: Routine

**Primary Ordering Comments:**

Monitor vital signs (blood pressure, pulse, respiratory rate) during the IV fluid bolus administration every 15 minutes. Reassess patient and capture one complete sets of vital signs (blood pressure, pulse, respiratory rate) after IV fluid bolus has completed and one more complete set of vital signs every 15 minutes for a total of TWO COMPLETE SETS OF VITAL SIGNS after the IV fluid bolus infusion has completed. If the patient's MAP is not in the target range of 65 to 70 mmHg or if the SBP is LESS than 90 mmHg then notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of IV fluid bolus administration for provider volume status documentation.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

sodium chloride 0.9% infusion **sodium chloride 0.9% infusion** Dose: 126 mL/hr Route: intravenous Frequency: continuous**Admin Instructions:**

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.

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

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

 ED Antibiotic Treatment for Community Acquired Pneumonia (CAP) (Required) **Beta Lactam Antibiotics** **ampicillin-sulbactam (UNASYN) IV** Dose: 3 g Route: intravenous Frequency: every 6 hours Frequency Limit: 24 Hours Priority: STAT**Question(s):**Indication:  Respiratory Tract

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

 **(Penicillin Allergy) cefTRIAxone (ROCEPHIN) IV** Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT**Question(s):**Indication:  Respiratory Tract**Admin Instructions:**

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.

**Product Admin Instructions:**

Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

 **Single/Loading and Maintenance Doses** **ceFEPime (MAXIPIME) IV** Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:****\*\*STANDARD Infusion\*\***

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**ceFEPime (MAXIPIME) IV** **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 3.000 Hours  
**Question(s):**  
 Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:  
 Indication:  
**Admin Instructions:**

**Single/Loading and Maintenance Doses**

**meropenem (MERREM) IV** **Dose:** 500 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes  
**Question(s):**  
 Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:  
 Indication:  
**Admin Instructions:**  
 \*\*STANDARD Infusion\*\*

**meropenem (MERREM) IV** **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 3.000 Hours  
**Question(s):**  
 Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:  
 Indication:  
**Admin Instructions:**  
 \*\*EXTENDED INFUSION\*\* Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**Atypical**

**doxycycline (VIBRAMYCIN) IV followed by PO**

**DOXYCYCLINE IV ORDERABLE** **Dose:** 100 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT  
**Question(s):**  
 Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:  
 Indication:

**doxycycline (VIBRAMYCIN) oral dosage form** **Dose:** 100 mg **Route:** oral **Frequency:** every 12 hours  
**Question(s):**  
 Indication:  
**Admin Instructions:**  
 Give with meals. Food can increase effectiveness and/or avoid stomach upset. Hold tube feeds for 2 hours pre- and 2 hours post-administration.  
**Product Admin Instructions:**  
 CAPSULE or TABLET will be sent depending on product availability.

**azithromycin (ZITHROMAX)** **Dose:** 500 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT  
**Question(s):**  
 Indication:  Respiratory Tract  
 Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:  
**Product Admin Instructions:**  
 May cause QTc prolongation.

**Nosocomial Pneumonia**

(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.**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Does your patient have a SEVERE penicillin AND/OR vancomycin allergy?**

No SEVERE Penicillin OR Vancomycin Allergy

**Use meropenem (MERREM) if history of infection with ESBL-producing organism or recent prolonged treatment with piperacillin/tazobactam or ceftazidime.**

ceFEPime IV + vancomycin IV

Single/Loading and Maintenance Doses

**ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**ceFEPime (MAXIPIME) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

Vancomycin IV

**vancomycin (VANCOCIN) IV Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin Frequency:** Until discontinued **Priority:** Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV**

**amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**levofloxacin (LEVAQUIN) IV** Dose: 750 mg Route: intravenous Frequency: every 24 hours

Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

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

**tobramycin (TOBREX) 7 mg/kg IVPB** Dose: 7 mg/kg Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) 4.5 g IV + vancomycin 15 mg/kg IV (NOT HMW)**

**Single/Loading and Maintenance Doses**

**piperacillin-tazobactam (ZOSYN) IV** Dose: 4.5 g Route: intravenous Frequency: once  
Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

**piperacillin-tazobactam (ZOSYN) IV** Route: intravenous Frequency: every 8 hours Priority: STAT Minimum Infusion Duration: 4.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**Vancomycin IV**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**vancomycin (VANCOGIN) IV** Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV**

**amikacin (AMIKIN) IV** Dose: 15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

Classification: Narrow Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

**levofloxacin (LEVAQUIN) IV** Dose: 750 mg Route: intravenous Frequency: every 24 hours

Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

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

**tobramycin (TOBREX) 7 mg/kg IVPB** Dose: 7 mg/kg Route: intravenous Frequency: once  
Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) EI 4.5 g IV + vancomycin 15 mg/kg IV (HMW Only)**

**piperacillin-tazobactam EI (ZOSYN) IV (HMW Only)**

**piperacillin-tazobactam (ZOSYN) 4.5 g IV Once** Dose: 4.5 g Route: intravenous Frequency: once  
Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 0.500 Hours

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) IV** Dose: 3.375 g Route: intravenous Frequency: every 8 hours  
Priority: STAT Minimum Infusion Duration: 4.000 Hours

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**Vancomycin IV**

**vancomycin (VANCOGIN) IV** Route: intravenous Frequency: once Frequency Limit: 1  
Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV**

**amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1

Occurrences **Priority:** STAT**Question(s):**Indication:  Sepsis of Unknown Source**Admin Instructions:**

Classification: Narrow Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

**levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours

**Priority:** STAT**Question(s):**Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once

**Frequency Limit:** 1 Occurrences **Priority:** STAT**Question(s):**Indication:  Sepsis of Unknown Source**Admin Instructions:**

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.

**meropenem (MERREM) 500 mg IV + vancomycin 15 mg/kg IV**

**Single/Loading and Maintenance Doses**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**meropenem (MERREM) IV** Dose: 500 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**meropenem (MERREM) IV** Route: intravenous Frequency: every 8 hours Priority: STAT Minimum Infusion Duration: 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

 **Vancomycin IV**

**vancomycin (VANCOGIN) IV** Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

 **Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV**

**amikacin (AMIKIN) IV** Dose: 15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

Classification: Narrow Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

**levofloxacin (LEVAQUIN) IV** Dose: 750 mg Route: intravenous Frequency: every 24 hours

Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

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

**tobramycin (TOBREX) 7 mg/kg IVPB** Dose: 7 mg/kg Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**SEVERE Penicillin Allergy**

(i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)

**aztreonam (AZACTAM) 2 g IV + vancomycin 15 mg/kg IV**

**aztreonam (AZACTAM) IV** Dose: 2 g Route: intravenous Frequency: every 8 hours Frequency Limit: 24

Hours Priority: STAT

**Question(s):**

Indication:  Respiratory Tract

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**Vancomycin IV**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**vancomycin (VANCOGIN) IV** Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV**

**amikacin (AMIKIN) IV** Dose: 15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

Classification: Narrow Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

**levofloxacin (LEVAQUIN) IV** Dose: 750 mg Route: intravenous Frequency: every 24 hours

Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

**Suspected Anaerobe Coverage: metronIDAZOLE (FLAGYL) 500 mg IV**

**metroNIDAZOLE (FLAGYL) IV Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours

**Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**SEVERE Vancomycin Allergy**

**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**

**Single/Loading and Maintenance Doses**

**ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1

**Occurrences** **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**ceFEPime (MAXIPIME) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT

**Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

**linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes

**Question(s):**

Indication:  Respiratory Tract

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV**

**amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

Classification: Narrow Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

**levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) 4.5 g IV + linezolid (ZYVOX) 600 mg IVPB (NOT HMW)**

**Single/Loading and Maintenance Doses**

**piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**piperacillin-tazobactam (ZOSYN) IV** Route: intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

**\*\*EXTENDED INFUSION\*\*** Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**linezolid in dextrose 5% (ZYVOX) IVPB** Dose: 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT

**Question(s):**

Indication: ○ Respiratory Tract

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV**

**amikacin (AMIKIN) IV** Dose: 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication: ○ Sepsis of Unknown Source

**Admin Instructions:**

Classification: Narrow Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

**levofloxacin (LEVAQUIN) IV** Dose: 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT

**Question(s):**

Indication: ○ Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once

**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) EI IV + linezolid (ZYVOX) 600 mg IVPB (HMW Only)**

**Single/Loading and Maintenance Doses**

**piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

**piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours  
**Frequency Limit:** 24 Hours **Priority:** STAT

**Question(s):**

Indication:  Respiratory Tract

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

Classification: Narrow Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

**levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**meropenem (MERREM) 500 mg IV + linezolid (ZYVOX) 600 mg IV**

**Single/Loading and Maintenance Doses**

**meropenem (MERREM) IV Dose:** 500 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**meropenem (MERREM) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT

**Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

**\*\*EXTENDED INFUSION\*\*** Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours  
**Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes

**Question(s):**

Indication:  Respiratory Tract

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV**

**amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

Classification: Narrow Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

**levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours  
**Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**tobramycin (TOBREX) 7 mg/kg IVPB** Dose: 7 mg/kg Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**SEVERE Penicillin AND Vancomycin Allergy**

(i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)

**aztreonam (AZACTAM) 2 g IV + linezolid (ZYVOX) 600 mg IVPB**

**aztreonam (AZACTAM) IV** Dose: 2 g Route: intravenous Frequency: every 8 hours Frequency Limit: 24

Hours Priority: STAT

**Question(s):**

Indication:  Respiratory Tract

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**linezolid in dextrose 5% (ZYVOX) IVPB** Dose: 600 mg Route: intravenous Frequency: every 12 hours

Frequency Limit: 24 Hours Priority: STAT

**Question(s):**

Indication:  Respiratory Tract

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV**

**amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

Classification: Narrow Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

**levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

**Suspected Anaerobe Coverage: metronIDAZOLE (FLAGYL) 500 mg IV**

**metronIDAZOLE (FLAGYL) IV Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Urinary Tract Infection**

**Does your patient have a SEVERE penicillin allergy?**

No

**cefTRIAxone (ROCEPHIN) 1 g IV**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**cefTRIAxone (ROCEPHIN) IV Dose:** 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1

Occurrences **Priority:** STAT

**Question(s):**

Indication:  Uro/Genital

**Admin Instructions:**

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.

**Product Admin Instructions:**

Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**ceFEPime IV**

**Single/Loading and Maintenance Doses**

**ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**ceFEPime (MAXIPIME) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once

**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) IV (NOT HMW)**

**Single/Loading and Maintenance Doses**

**piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

**piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) EI IV (HMW Only)**

**Single/Loading and Maintenance Doses**

**piperacillin-tazobactam (ZOSYN) IV** Dose: 4.5 g Route: intravenous Frequency: once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes  
**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

**piperacillin-tazobactam (ZOSYN) IV** Route: intravenous Frequency: every 8 hours Priority:  
 STAT **Minimum Infusion Duration:** 4.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

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

**tobramycin (TOBREX) 7 mg/kg IVPB** Dose: 7 mg/kg Route: intravenous Frequency: once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**ertapenem (INVANZ) 1 g IV**

**ertapenem (INVanz) IV** Dose: 1 g Route: intravenous Frequency: once **Frequency Limit:** 1 Occurrences  
**Priority:** STAT

**Question(s):**

Indication:  Uro/Genital

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**Product Admin Instructions:**

ERTapenem must not be mixed or Y-sited into any Dextrose-containing solutions. Flush IV line with Normal Saline before and after administration.

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once

**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**meropenem (MERREM) IV**

**Single/Loading and Maintenance Doses**

**meropenem (MERREM) IV Dose:** 500 mg **Route:** intravenous **Frequency:** once **Frequency**

**Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**meropenem (MERREM) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT

**Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once

**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**Yes**

**aztreonam (AZACTAM) 2 g IV**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**aztreonam (AZACTAM) 2 g IV** Dose: 2 g Route: intravenous Frequency: every 8 hours Frequency Limit:

24 Hours Priority: STAT

**Question(s):**

Indication:  Uro/Genital

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

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

**tobramycin (TOBREX) 7 mg/kg IVPB** Dose: 7 mg/kg Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**Skin and Soft Tissue Infection - Uncomplicated Cellulitis**

**Does your patient have a SEVERE vancomycin allergy?**

No

**cefTRIAxone (ROCEPHIN) 1 g IV + vancomycin IV**

**cefTRIAxone (ROCEPHIN) IV** Dose: 1 g Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**

Indication:  Skin and Soft Tissue Infections

**Admin Instructions:**

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.

**Product Admin Instructions:**

Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

**Vancomycin IV**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**vancomycin (VANCOGIN) IV** Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

Yes

**cefTRIAxone (ROCEPHIN) 1 g IV + linezolid (ZYVOX) 600 mg IV**

**cefTRIAxone (ROCEPHIN) IV** Dose: 1 g Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**

Indication:  Skin and Soft Tissue Infections

**Admin Instructions:**

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.

**Product Admin Instructions:**

Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

**linezolid in dextrose 5% (ZYVOX) IVPB** Dose: 600 mg Route: intravenous Frequency: every 12 hours Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 60.000 Minutes

**Question(s):**

Indication:  Skin and Soft Tissue Infections

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Skin and Soft Tissue Infection - Complicated (necrotizing fasciitis, gangrene, diabetic foot)**

**Does your patient have a SEVERE penicillin AND/OR vancomycin allergy?**

No SEVERE Penicillin OR Vancomycin Allergy

**piperacillin-tazobactam (ZOSYN) 4.5 g IV + vancomycin IV (NOT HMW)**

**Single/Loading and Maintenance Doses**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**piperacillin-tazobactam (ZOSYN) IV** Dose: 4.5 g Route: intravenous Frequency: once  
Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

**piperacillin-tazobactam (ZOSYN) IV** Route: intravenous Frequency: every 8 hours Priority:  
STAT Minimum Infusion Duration: 4.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

 **Vancomycin IV**

**vancomycin (VANCOGIN) IV** Route: intravenous Frequency: once Frequency Limit: 1  
Occurrences Priority: STAT

**Question(s):**

Indication: ○ Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV** Dose: 900 mg Route: intravenous Frequency:  
every 8 hours Frequency Limit: 24 Hours Priority: STAT

**Question(s):**

Indication: ○ Skin and Soft Tissue Infections

**Admin Instructions:**

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.

 **piperacillin-tazobactam (ZOSYN) EI IV + vancomycin IV (HMW Only)** **Single/Loading and Maintenance Doses**

**piperacillin-tazobactam (ZOSYN) IV** Dose: 4.5 g Route: intravenous Frequency: once  
Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**piperacillin-tazobactam (ZOSYN) IV** Route: intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

**\*\*EXTENDED INFUSION\*\*** Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

 **Vancomycin IV**

**vancomycin (VANCOCIN) IV** Route: intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication: ○ Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** **Frequency:** Until discontinued **Priority:** Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV** Dose: 900 mg **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT

**Question(s):**

Indication: Skin and Soft Tissue Infections

Indication:

**Admin Instructions:**

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.

 **SEVERE Penicillin Allergy**

**aztreonam (AZACTAM) 2 g IV + tobramycin (TOBREX) 7 mg/kg IV + vancomycin IV + clindamycin (CLEOCIN) IV**

**aztreonam (AZACTAM) IV** Dose: 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT

**Question(s):**

Indication: ○ Skin and Soft Tissue Infections

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV** **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT**Question(s):**Indication:  Sepsis of Unknown Source**Admin Instructions:**

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.

 **Vancomycin IV** **vancomycin (VANCOGIN) IV Route:** intravenous **Frequency:** once **Frequency Limit:** 1  
Occurrences **Priority:** STAT**Question(s):**Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

 **Pharmacy consult to manage vancomycin Frequency:** Until discontinued **Priority:** Routine**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

 **clindamycin (CLEOCIN) IV Dose:** 900 mg **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT**Question(s):**Indication:  Skin and Soft Tissue Infections**Admin Instructions:**

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.

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

**aztreonam (AZACTAM) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24

Hours **Priority:** STAT

**Question(s):**

Indication: ○ Skin and Soft Tissue Infections

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once

**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication: ○ Sepsis of Unknown Source

**Admin Instructions:**

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.

**Vancomycin IV**

**vancomycin (VANCOCIN) IV Route:** intravenous **Frequency:** once **Frequency Limit:** 1

Occurrences **Priority:** STAT

**Question(s):**

Indication: ○ Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin Frequency:** Until discontinued **Priority:** Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**metronIDAZOLE (FLAGYL) IV** Dose: 500 mg Route: intravenous Frequency: every 8 hours Frequency

Limit: 24 Hours Priority: STAT

**Question(s):**

Indication: ○ Skin and Soft Tissue Infections

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

○ **SEVERE Vancomycin Allergy**

**piperacillin-tazobactam (ZOSYN) 4.5 g IV + linezolid (ZYVOX) 600 mg IV**

**Single/Loading and Maintenance Doses**

**piperacillin-tazobactam (ZOSYN) IV** Dose: 4.5 g Route: intravenous Frequency: once  
Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

**piperacillin-tazobactam (ZOSYN) IV** Route: intravenous Frequency: every 8 hours Priority:  
STAT Minimum Infusion Duration: 4.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**linezolid in dextrose 5% (ZYVOX) IVPB** Dose: 600 mg Route: intravenous Frequency: every 12 hours  
Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 60.000 Minutes

**Question(s):**

Indication: ○ Skin and Soft Tissue Infections

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV** Dose: 900 mg Route: intravenous Frequency: every 8 hours Frequency Limit: 24 Hours Priority: STAT

**Question(s):**

Indication: Skin and Soft Tissue Infections

Indication:

**Admin Instructions:**

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.

**SEVERE Penicillin AND Vancomycin Allergy**

**aztreonam (AZACTAM) 2 g IV + tobramycin (TOBREX) 7 mg/kg IV + linezolid (ZYVOX) 600 mg IV + clindamycin (CLEOCIN) 600 mg IV**

**aztreonam (AZACTAM) IV** Dose: 2 g Route: intravenous Frequency: every 8 hours Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

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

**tobramycin (TOBREX) 7 mg/kg IVPB** Dose: 7 mg/kg Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours

**Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**clindamycin (CLEOCIN) IV Dose:** 900 mg **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT

**Question(s):**

Indication: Sepsis of Unknown Source

Indication:

**Admin Instructions:**

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.

**aztreonam (AZACTAM) 2 g IV + tobramycin (TOBREX) 7 mg/kg IV + linezolid (ZYVOX) 600 mg IV + metronIDAZOLE (FLAGYL) 500 mg IV**

**aztreonam (AZACTAM) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once

**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**linezolid in dextrose 5% (ZYVOX) IVPB** Dose: 600 mg Route: intravenous Frequency: every 12 hours

Priority: STAT Minimum Infusion Duration: 60.000 Minutes

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**metroNIDAZOLE (FLAGYL) IV** Dose: 500 mg Route: intravenous Frequency: every 6 hours Priority:

STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

Sepsis of Unknown Source or IV Catheter-Related Infection

**Does your patient have a SEVERE penicillin AND/OR vancomycin allergy?**

No SEVERE Penicillin OR Vancomycin Allergy

**Combined use of piperacillin/tazobactam and vancomycin may be associated with an increased incidence of acute kidney injury**

ceFEPime IV + vancomycin IV

**Single/Loading and Maintenance Doses**

**ceFEPime (MAXIPIME) IV** Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**ceFEPime (MAXIPIME) IV** Route: intravenous Frequency: every 8 hours Priority: STAT Minimum Infusion Duration: 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

**Vancomycin IV**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**vancomycin (VANCOGIN) IV** Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**

Indication: ○ Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

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

**tobramycin (TOBREX) 7 mg/kg IVPB** Dose: 7 mg/kg Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication: ○ Sepsis of Unknown Source

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) IV + vancomycin IV (NOT HMW, HMWB)**

**Single/Loading and Maintenance Doses**

**piperacillin-tazobactam (ZOSYN) IV** Dose: 4.5 g Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

**piperacillin-tazobactam (ZOSYN) IV** Route: intravenous Frequency: every 8 hours Priority:

STAT Minimum Infusion Duration: 4.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**Vancomycin IV**

**vancomycin (VANCOGIN) IV** Route: intravenous **Frequency:** once **Frequency Limit:** 1

Occurrences **Priority:** STAT

**Question(s):**

Indication: ○ Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** **Frequency:** Until discontinued **Priority:** Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

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

**tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once

**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication: ○ Sepsis of Unknown Source

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) EI IV + vancomycin IV (HMW Only)**

**piperacillin-tazobactam EI (ZOSYN) IV (HMW Only)**

**piperacillin-tazobactam (ZOSYN) 4.5 g IV Once** **Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 0.500 Hours

**Question(s):**

Indication: ○ Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) IV** Dose: 3.375 g Route: intravenous Frequency: every 8 hours Priority: STAT Minimum Infusion Duration: 4.000 Hours

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

 **Vancomycin IV**

**vancomycin (VANCOGIN) IV** Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

 **Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV**

**amikacin (AMIKIN) IV** Dose: 15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

Classification: Narrow Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

**levofloxacin (LEVAQUIN) IV** Dose: 750 mg Route: intravenous Frequency: every 24 hours

Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

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

**tobramycin (TOBREX) 7 mg/kg IVPB** Dose: 7 mg/kg Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**meropenem (MERREM) IV + vancomycin IV**

**Single/Loading and Maintenance Doses**

**meropenem (MERREM) IV** Dose: 500 mg Route: intravenous Frequency: once Frequency

Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**meropenem (MERREM) IV** Route: intravenous Frequency: every 8 hours Priority: STAT

Minimum Infusion Duration: 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**Vancomycin IV**

**vancomycin (VANCOGIN) IV** Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

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

**tobramycin (TOBREX) 7 mg/kg IVPB** Dose: 7 mg/kg Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**SEVERE Penicillin Allergy**

(i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)

**aztreonam (AZACTAM) 2 g IV + tobramycin (TOBREX) 7 mg/kg IV + vancomycin IV**

**aztreonam (AZACTAM) IV** Dose: 2 g Route: intravenous Frequency: every 8 hours Frequency Limit: 24

Hours Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once

**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**Vancomycin IV**

**vancomycin (VANCOCIN) IV Route:** intravenous **Frequency:** once **Frequency Limit:** 1

Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin Frequency:** Until discontinued **Priority:** Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**SEVERE Vancomycin Allergy**

**Combined use of piperacillin/tazobactam and vancomycin may be associated with an increased incidence of acute kidney injury**

**ceFEPime 1 g IV + linezolid (ZYVOX) 600 mg IV**

**Single/Loading and Maintenance Doses**

**ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1

Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**ceFEPime (MAXIPIME) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT

**Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

**linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours  
**Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) IV + linezolid (ZYVOX) 600 mg IV (NOT HMW)**

**Single/Loading and Maintenance Doses**

**piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

**piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours  
**Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) EI IV + linezolid (ZYVOX) 600 mg IV ( HMW Only)**

**Single/Loading and Maintenance Doses**

**piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

**piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours  
**Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

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

**tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**meropenem (MERREM) 500 mg IV + linezolid (ZYVOX) 600 mg IV**

**Single/Loading and Maintenance Doses**

**meropenem (MERREM) IV Dose:** 500 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**meropenem (MERREM) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT  
**Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**linezolid in dextrose 5% (ZYVOX) IVPB** Dose: 600 mg Route: intravenous Frequency: every 12 hours  
 Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 60.000 Minutes

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

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

**tobramycin (TOBREX) 7 mg/kg IVPB** Dose: 7 mg/kg Route: intravenous Frequency: once  
 Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**SEVERE Penicillin AND Vancomycin Allergy**

(i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)

**aztreonam (AZACTAM) 2 g IV + tobramycin 7 mg/kg IV + linezolid (ZYVOX) 600 mg IV**

**aztreonam (AZACTAM) IV** Dose: 2 g Route: intravenous Frequency: every 8 hours Frequency Limit: 24 Hours Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**linezolid in dextrose 5% (ZYVOX) IVPB** Dose: 600 mg Route: intravenous Frequency: every 12 hours  
Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 60.000 Minutes

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

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

**tobramycin (TOBREX) 7 mg/kg IVPB** Dose: 7 mg/kg Route: intravenous Frequency: once  
Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

**Admin Instructions:**

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.

**Intra-Abdominal Infections**

**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

**Does your patient have a SEVERE penicillin allergy?**

No SEVERE Penicillin or Vancomycin Allergy

**ceFEPime + metronIDAZOLE (FLAGYL) OR piperacillin-tazobactam (ZOSYN) IV OR meropenem (MERREM) IV (Required)**

**ceFEPime 1 g IV + metronIDAZOLE (FLAGYL) 500 mg IV**

**Single/Loading and Maintenance Doses**

**ceFEPime (MAXIPIME) IV** Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**ceFEPime (MAXIPIME) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT

**Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

**metronidazole (FLAGYL) IV Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours

**Frequency Limit:** 24 Hours **Priority:** STAT

**Question(s):**

Indication: ○ Intra-Abdominal

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

○ **piperacillin-tazobactam (ZOSYN) 4.5 g IV**

**Single/Loading and Maintenance Doses**

**piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once

**Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

**piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours

**Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 4 hours via a dedicated line when possible.

Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

○ **piperacillin-tazobactam EI (ZOSYN) IV (HMW Only)**

**piperacillin-tazobactam (ZOSYN) 4.5 g IV Once** Dose: 4.5 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 0.500 Hours  
**Question(s):**

Indication:  Intra-abdominal

Recommendation: Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) IV** Dose: 4.5 g Route: intravenous Frequency: every 8 hours Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 4.000 Hours  
**Question(s):**

Indication:  Intra-abdominal

Recommendation: Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**meropenem (MERREM) 500 mg IV**

**Single/Loading and Maintenance Doses**

**meropenem (MERREM) IV** Dose: 500 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes  
**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**meropenem (MERREM) IV** Route: intravenous Frequency: every 8 hours Priority: STAT Minimum Infusion Duration: 3.000 Hours  
**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 3 hours via a dedicated line when possible.

Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**Vancomycin IV**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**vancomycin (VANCOCIN) IV** Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Priority: STAT

Question(s):

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

Question(s):

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

Process Instructions:

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**IF high risk or severe, consider antifungal coverage - fluconazole (DIFLUCAN) 400 mg IV**

**fluconazole (DIFLUCAN) IV** Dose: 400 mg Route: intravenous Frequency: every 24 hours Priority: STAT

Question(s):

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication:

Product Admin Instructions:

May cause QTc prolongation.

**SEVERE Penicillin Allergy**

**aztreonam (AZACTAM) 2 g IV + metroNIDAZOLE (FLAGYL) 500 mg IV**

**aztreonam (AZACTAM) IV** Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Question(s):

Indication:  Intra-abdominal

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

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.

**metroNIDAZOLE (FLAGYL) IV** Dose: 500 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Question(s):

Indication:  Intra-Abdominal

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Admin Instructions:

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.

**Vancomycin IV**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**vancomycin (VANCOGIN) IV** Route: intravenous **Frequency:** once **Frequency Limit:** 1

Occurrences **Priority:** STAT

**Question(s):**

Indication: ○ Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** **Frequency:** Until discontinued **Priority:** Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**IF high risk or severe, consider antifungal coverage: fluconazole (DIFLUCAN) IV or micafungin (MYCAMINE) IV**

**Note: Use fluconazole (DIFLUCAN) only in patients with absolutely no risk factors for C. glabrata or resistance**

**fluconazole (DIFLUCAN) IV** Dose: 800 mg **Route:** intravenous **Frequency:** every 24 hours

**Priority:** STAT

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

**micafungin (MYCAMINE) IVPB (RESTRICTED)** Dose: 100 mg **Route:** intravenous **Priority:**

STAT

**Question(s):**

Reason for Therapy: Other

Specify: Sepsis

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?

Indication:

**Admin Instructions:**

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.

**SEVERE Vancomycin Allergy**

**ceFEPime + metronIDAZOLE (FLAGYL) OR piperacillin-tazobactam (ZOSYN) IV OR meropenem (MERREM) IV (Required)**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**ceFEPime 1 g IV + metronIDAZOLE (FLAGYL) 500 mg IV** **Single/Loading and Maintenance Doses** **ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

 **ceFEPime (MAXIPIME) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 3.000 Hours**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:** **metronidazole (FLAGYL) IV Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT**Question(s):**

Indication:  Intra-Abdominal

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

 **piperacillin-tazobactam (ZOSYN) 4.5 g IV** **Single/Loading and Maintenance Doses** **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\* Administer over 30 minutes.

 **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 4 hours via a dedicated line when possible.

Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

 **piperacillin-tazobactam EI (ZOSYN) IV (HMW Only)**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**piperacillin-tazobactam (ZOSYN) 4.5 g IV Once** Dose: 4.5 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 0.500 Hours Question(s):

Indication:  Intra-abdominal

Recommendation: Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**piperacillin-tazobactam (ZOSYN) IV** Dose: 4.5 g Route: intravenous Frequency: every 8 hours Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 4.000 Hours Question(s):

Indication:  Intra-abdominal

Recommendation: Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**meropenem (MERREM) 500 mg IV**

**Single/Loading and Maintenance Doses**

**meropenem (MERREM) IV** Dose: 500 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes Question(s):

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**meropenem (MERREM) IV** Route: intravenous Frequency: every 8 hours Priority: STAT Minimum Infusion Duration: 3.000 Hours Question(s):

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 3 hours via a dedicated line when possible.

Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**IF health-care associated, ADD - linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous  
**Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes  
**Question(s):**

Indication:  Intra-abdominal

Recommendation: Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control  
 Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**IF high risk or severe, consider antifungal coverage - fluconazole (DIFLUCAN) 400 mg IV**

**fluconazole (DIFLUCAN) IV Dose:** 400 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT  
**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication:

**Product Admin Instructions:**

May cause QTc prolongation.

**SEVERE Penicillin and Vancomycin Allergy**

**aztreonam (AZACTAM) 2 g IV + metroNIDAZOLE (FLAGYL) 500 mg IV**

**aztreonam (AZACTAM) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT  
**Question(s):**

Type of Therapy: New Anti-Infective Order

Reason for Therapy: Bacterial Infection Suspected

Indication:  Sepsis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**metronIDAZOLE (FLAGYL) IV Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours **Priority:**

STAT

**Question(s):**

Type of Therapy: New Anti-Infective Order

Reason for Therapy: Bacterial Infection Suspected

Indication: Sepsis

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication:

**Admin Instructions:**

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.

**IF health-care associated, ADD - linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes

**Question(s):**

Reason for Therapy: Bacterial Infection Suspected

Indication: o Sepsis

Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**IF high risk or severe, consider antifungal coverage: fluconazole (DIFLUCAN) IV or micafungin (MYCAMINE) IV**

**Note: Use fluconazole (DIFLUCAN) only in patients with absolutely no risk factors for C. glabrata or resistance**

**fluconazole (DIFLUCAN) IV Dose:** 800 mg **Route:** intravenous **Frequency:** every 24 hours

**Priority:** STAT

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication:

**Admin Instructions:**

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.

**Product Admin Instructions:**

May cause QTc prolongation.

**micafungin (MYCAMINE) IVPB (RESTRICTED) Dose:** 100 mg **Route:** intravenous **Priority:** STAT

**Question(s):**

Reason for Therapy: Other

Specify: Sepsis

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?

Indication:

**Admin Instructions:**

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.

**Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT**

**Does your patient have a SEVERE Penicillin and/or Vancomycin allergy?**

**No SEVERE Penicillin or Vancomycin Allergy**

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

**cefTRIAxone (ROCEPHIN) 2 g IV + vancomycin IV - For Patients LESS than 50 years old**

**cefTRIAxone (ROCEPHIN) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 12 hours **Frequency**

**Limit:** 24 Hours **Priority:** STAT

**Question(s):**

Indication:  CNS

Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control

**Admin Instructions:**

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.

**Product Admin Instructions:**

Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

**Vancomycin IV**

**vancomycin (VANCOGIN) IV Route:** intravenous **Frequency:** once **Frequency Limit:** 1

**Occurrences Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin Frequency:** Until discontinued **Priority:** Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV** Dose: 0.15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Admin Instructions:**

Administer 15-20 minutes before 1st dose of antibiotics.

**cefTRIAxone (ROCEPHIN) 2 g IV + vancomycin IV + ampicillin 2 g IV - For Patients GREATER than 50 years old**

**cefTRIAxone (ROCEPHIN) IV** Dose: 2 g Route: intravenous Frequency: every 12 hours Frequency Limit: 24 Hours Priority: STAT

**Question(s):**

Indication:  CNS

Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control

**Admin Instructions:**

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.

**Product Admin Instructions:**

Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

**Vancomycin IV**

**vancomycin (VANCOGIN) IV** Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**ampicillin IV** Dose: 2 g Route: intravenous Frequency: every 4 hours Frequency Limit: 24 Hours Priority: STAT

**Question(s):**

Indication:  CNS

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV** Dose: 0.15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Admin Instructions:**

Administer 15-20 minutes before 1st dose of antibiotics.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

SEVERE Penicillin Allergy**Dexamethasone is recommended for treatment of proven or suspected pneumococcal meningitis due to S. pneumoniae** aztreonam (AZACTAM) 2 g IV + vancomycin IV **aztreonam (AZACTAM) IV** Dose: 2 g Route: intravenous Frequency: every 8 hours Frequency Limit: 24

Hours Priority: STAT

**Question(s):**Indication:  CNS

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

 **Vancomycin IV** **vancomycin (VANCOGIN) IV** Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

 **Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

 **OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV** Dose: 0.15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT**Admin Instructions:**

Administer 15-20 minutes before 1st dose of antibiotics.

 SEVERE Vancomycin Allergy**Dexamethasone is recommended for treatment of proven or suspected pneumococcal meningitis due to S. pneumoniae** cefTRIAxone (ROCEPHIN) 2 g IV + linezolid (ZYVOX) 600 mg IV - For Patients LESS than 50 years old

**cefTRIAxone (ROCEPHIN) IV Dose: 2 g Route: intravenous Frequency: every 12 hours Frequency**

**Limit: 24 Hours Priority: STAT**

**Question(s):**

Indication:  CNS

Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control

**Admin Instructions:**

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.

**Product Admin Instructions:**

Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

**linezolid in dextrose 5% (ZYVOX) IVPB Dose: 600 mg Route: intravenous Frequency: every 12 hours**

**Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 60.000 Minutes**

**Question(s):**

Indication:  CNS

Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV Dose: 0.15 mg/kg Route:**

**intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT**

**Admin Instructions:**

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 Dose: 2 g Route: intravenous Frequency: every 12 hours Frequency**

**Limit: 24 Hours Priority: STAT**

**Question(s):**

Indication:  CNS

Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control

**Admin Instructions:**

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.

**Product Admin Instructions:**

Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB** Dose: 600 mg Route: intravenous Frequency: every 12 hours Frequency Limit: 24 Hours Priority: STAT

**Question(s):**Indication:  CNS

Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**ampicillin IV** Dose: 2 g Route: intravenous Frequency: every 4 hours Frequency Limit: 24 Hours

Priority: STAT

**Question(s):**Indication:  CNS

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV** Dose: 0.15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Admin Instructions:**

Administer 15-20 minutes before 1st dose of antibiotics.

**SEVERE Penicillin and Vancomycin Allergy**

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

**aztreonam (AZACTAM) 2 g IV + linezolid (ZYVOX) 600 mg IV**

**aztreonam (AZACTAM) IV** Dose: 2 g Route: intravenous Frequency: every 12 hours Priority: STAT

**Question(s):**Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**linezolid in dextrose 5% (ZYVOX) IVPB** Dose: 600 mg Route: intravenous Frequency: every 12 hours

Priority: STAT Minimum Infusion Duration: 60.000 Minutes

**Question(s):**

Indication:  Sepsis of Unknown Source

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV** Dose: 0.15 mg/kg Route:

intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Admin Instructions:**

Administer 15-20 minutes before 1st dose of antibiotics.

**Bacterial Meningitis - ImmunoCOMPROMISED, Post-Neurosurgery or Penetrating Head Trauma**

**Does your patient have a SEVERE Penicillin and/or Vancomycin allergy?**

No SEVERE Penicillin or Vancomycin Allergy

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

ceFEPime IV or meropenem (MERREM) IV + vancomycin IV - For Patients LESS than 50 years old

ceFEPime IV or meropenem (MERREM) IV

Single/Loading and Maintenance Doses

**ceFEPime (MAXIPIME) IV** Dose: 2 g Route: intravenous Frequency: once Frequency

Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**ceFEPime (MAXIPIME) IV** Route: intravenous Frequency: every 8 hours Priority: STAT

Minimum Infusion Duration: 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

Single/Loading and Maintenance Doses

**meropenem (MERREM) IV** Dose: 500 mg Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**meropenem (MERREM) IV** Route: intravenous Frequency: every 8 hours Priority:

STAT Minimum Infusion Duration: 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

**\*\*EXTENDED INFUSION\*\*** Administer over 3 hours via a dedicated line when possible.

Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**Vancomycin IV**

**vancomycin (VANCOCIN) IV** Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV** Dose: 0.15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Admin Instructions:**

Administer 15-20 minutes before 1st dose of antibiotics.

**ceFEPime IV or meropenem (MERREM) IV + vancomycin IV + ampicillin IV - For Patients GREATER than 50 years old**

**ceFEPime IV or meropenem (MERREM) IV**

**Single/Loading and Maintenance Doses**

**ceFEPime (MAXIPIME) IV** Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

**\*\*STANDARD Infusion\*\***

**ceFEPime (MAXIPIME) IV** Route: intravenous Frequency: every 8 hours Priority: STAT Minimum Infusion Duration: 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

**Single/Loading and Maintenance Doses**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**meropenem (MERREM) IV** Dose: 500 mg Route: intravenous Frequency: once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000  
 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**meropenem (MERREM) IV** Route: intravenous Frequency: every 8 hours Priority:  
 STAT **Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 3 hours via a dedicated line when possible.

Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

 **Vancomycin IV**

**vancomycin (VANCOGIN) IV** Route: intravenous Frequency: once Frequency Limit: 1  
 Occurrences Priority: STAT

**Question(s):**

Indication: ○ Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin** Frequency: Until discontinued Priority: Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**ampicillin IV** Dose: 2 g Route: intravenous Frequency: every 4 hours Frequency Limit: 24 Hours  
 Priority: STAT

**Question(s):**

Indication: ○ CNS

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV** Dose: 0.15 mg/kg Route:  
 intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Admin Instructions:**

Administer 15-20 minutes before 1st dose of antibiotics.

○ **SEVERE Penicillin Allergy**

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**aztreonam (AZACTAM) 2 g IV + vancomycin IV**

**aztreonam (AZACTAM) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT

**Question(s):**

Indication:  CNS

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**Vancomycin IV**

**vancomycin (VANCOGIN) IV Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Question(s):**

Indication:  Sepsis of Unknown Source

Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Pharmacy consult to manage vancomycin Frequency:** Until discontinued **Priority:** Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Admin Instructions:**

Administer 15-20 minutes before 1st dose of antibiotics.

**SEVERE Vancomycin Allergy**

**ceFEPime IV or meropenem (MERREM) IV + linezolid (ZYVOX) IV - For Patients LESS than 50 years old**

**ceFEPime IV or meropenem (MERREM) IV**

**Single/Loading and Maintenance Doses**

**ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**ceFEPime (MAXIPIME) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Single/Loading and Maintenance Doses**

**meropenem (MERREM) IV Dose:** 500 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**meropenem (MERREM) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 3 hours via a dedicated line when possible.

Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes

**Question(s):**

Indication:  CNS

Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

 **ceFEPime IV or meropenem (MERREM) IV + linezolid (ZYVOX) IV - For Patients GREATER than 50 years old**

**ceFEPime IV or meropenem (MERREM) IV**

 **Single/Loading and Maintenance Doses**

**ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**ceFEPime (MAXIPIME) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Single/Loading and Maintenance Doses**

**meropenem (MERREM) IV Dose:** 500 mg **Route:** intravenous **Frequency:** once  
**Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000  
Minutes

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*STANDARD Infusion\*\*

**meropenem (MERREM) IV Route:** intravenous **Frequency:** every 8 hours **Priority:**  
STAT **Minimum Infusion Duration:** 3.000 Hours

**Question(s):**

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

**Admin Instructions:**

\*\*EXTENDED INFUSION\*\* Administer over 3 hours via a dedicated line when possible.

Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

**linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours  
**Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes

**Question(s):**

Indication:  CNS

Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**ampicillin IV Dose:** 2 g **Route:** intravenous **Frequency:** every 4 hours **Frequency Limit:** 24 Hours  
**Priority:** STAT

**Question(s):**

Indication:  CNS

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**SEVERE Penicillin and Vancomycin Allergy**

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

**aztreonam (AZACTAM) 2 g IV + linezolid (ZYVOX) 600 mg IV**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**aztreonam (AZACTAM) IV** Dose: 2 g Route: intravenous Frequency: every 8 hours Frequency Limit: 24

Hours Priority: STAT

**Question(s):**

Indication:  CNS

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**Admin Instructions:**

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.

**linezolid in dextrose 5% (ZYVOX) IVPB** Dose: 600 mg Route: intravenous Frequency: every 12 hours

Frequency Limit: 24 Hours Priority: STAT Minimum Infusion Duration: 60.000 Minutes

**Question(s):**

Indication:  CNS

Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

**Admin Instructions:**

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.

**Chorioamnionitis, Post-partum endometritis, Postabortal infection Antibiotic Treatment**

**Preferred treatment or for penicillin-allergic patients**

**cefTRIAxone (ROCEPHIN) IV**

**cefTRIAxone (ROCEPHIN) IV** Dose: 1 g Route: intravenous Frequency: every 24 hours Priority: STAT

**Question(s):**

Indication:  Other

Specify: OB Source Sepsis

**Product Admin Instructions:**

Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

**sodium chloride 0.9 % bolus** Dose: 62.5 mL Route: intravenous Frequency: every 24 hours Minimum

Infusion Duration: 30.000 Minutes

**Admin Instructions:**

If lactated ringer's (LR) is currently infusing - piggyback the NS IV bag into the LR, flush, start the cefTRIAxone (ROCEPHIN) IV with the NS infusing, then flush again before returning to the LR.

**metronidazole (FLAGYL) Dose: 500 mg Route: intravenous Frequency: every 8 hours Priority: STAT**

**Question(s):**

Indication:  Other

Specify: Chorioamnionitis/Endometritis/Postabortal infection

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**azithromycin (ZITHROMAX) tablet** Dose: 500 mg Route: oral Frequency: every 24 hours

**Question(s):**Indication:  Other

Specify: Chorioamnionitis/Endometritis/Postabortal infection

**Product Admin Instructions:**

May cause QTc prolongation.

**Allergic to azithromycin or metronidazole**

**ampicillin-sulbactam (UNASYN) IV** Dose: 3 g Route: intravenous Frequency: every 6 hours Priority: STAT

**Question(s):**Indication:  Other

Specify: Chorioamnionitis/Endometritis/Postabortal infection

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

**gentamicin (GARAMYCIN) IV**

Select one based on patient weight

**Pt wt < 60 kg: gentamicin (GARAMYCIN) IVPB (maximum 320 mg)** Dose: 5 mg/kg Route: intravenous

Frequency: every 24 hours Priority: STAT

**Question(s):**Indication:  Other

Specify: Chorioamnionitis/Endometritis/Postabortal infection

**Pt wt = 60 - 80 kg: gentamicin (GARAMYCIN) IVPB (maximum 400 mg)** Dose: 5 mg/kg Route:

intravenous Frequency: every 24 hours Priority: STAT

**Question(s):**Indication:  Other

Specify: Chorioamnionitis/Endometritis/Postabortal infection

**Pt wt > 80 kg: gentamicin (GARAMYCIN) IVPB (maximum 480 mg)** Dose: 5 mg/kg Route: intravenous

Frequency: every 24 hours Priority: STAT

**Question(s):**Indication:  Other

Specify: Chorioamnionitis/Endometritis/Postabortal infection

**Severely allergic to cephalosporins**

**gentamicin (GARAMYCIN) IV**

Select one based on patient weight

**Pt wt < 60 kg: gentamicin (GARAMYCIN) IVPB (maximum 320 mg)** Dose: 5 mg/kg Route: intravenous

Frequency: every 24 hours Priority: STAT

**Question(s):**Indication:  Other

Specify: Chorioamnionitis/Endometritis/Postabortal infection

**Pt wt = 60 - 80 kg: gentamicin (GARAMYCIN) IVPB (maximum 400 mg)** Dose: 5 mg/kg Route:

intravenous Frequency: every 24 hours Priority: STAT

**Question(s):**Indication:  Other

Specify: Chorioamnionitis/Endometritis/Postabortal infection

**Pt wt > 80 kg: gentamicin (GARAMYCIN) IVPB (maximum 480 mg)** Dose: 5 mg/kg Route: intravenous

Frequency: every 24 hours Priority: STAT

**Question(s):**Indication:  Other

Specify: Chorioamnionitis/Endometritis/Postabortal infection

**clindamycin (CLEOCIN) IV** Dose: 900 mg Route: intravenous Frequency: every 8 hours Priority: STAT

**Question(s):**

Indication: Other

Specify: Chorioamnionitis/Endometritis/Postabortal infection

Indication:

**Additional Management of Sepsis**

**Colloid / Albumin (for patients not responding to initial fluid resuscitation with crystalloids)**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**albumin human 5 % infusion** Dose: 25 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Indication:

**Admin Instructions:**

Administer 500 mL intravenous once for patients not responding to initial fluid resuscitation with crystalloids.

**Vasopressor Therapy (if unresponsive to initial fluid bolus)**

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

**norEPIneprine (LEVOPHED) infusion** Frequency: titrated Priority: STAT

**epINEPHrine infusion** Frequency: titrated Priority: STAT

**Inotropic Therapy**

**DOButamine (DOBUTREX) infusion** Dose: 0.5 - 20 mcg/kg/min Route: intravenous Frequency: titrated Priority: STAT

**Admin Instructions:**

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** Dose: 50 mg Route: intravenous Frequency: every 6 hours

Priority: STAT

**Admin Instructions:**

For patients with shock refractory to fluids and vasopressors.

**Labs****Laboratory - STAT**

**Arterial blood gas** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Venous blood gas** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Comprehensive metabolic panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Prothrombin time with INR** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Partial thromboplastin time** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Primary Ordering Comments:**

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

**Basic metabolic panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**CBC with differential** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**NT-proBNP** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Troponin T** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Fibrinogen** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Hepatic function panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Ionized calcium** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Primary Ordering Comments:**

Deliver specimen immediately to the Core Laboratory.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Lactic acid level - ONE TIME ORDER ONLY** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine  
**Specimen Type:** Blood **Maximum Quantity:** 3  
**Process Instructions:**  
 SEPSIS PATIENTS:

\*\*\*FOR ALL SEPSIS OR SUSPECTED SEPSIS CHANGE FREQUENCY TO: NOW THEN EVERY 3 HOURS FOR 3 OCCURRENCES\*\*\*

**Magnesium** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Phosphorus** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Type and screen** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood

Laboratory - STAT

**Arterial blood gas** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Venous blood gas** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Comprehensive metabolic panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Prothrombin time with INR, I-Stat** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood

**Partial thromboplastin time** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Primary Ordering Comments:**

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

**Basic metabolic panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**CBC with differential** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Fibrinogen** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**NT-proBNP** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Troponin T** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Hepatic function panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Ionized calcium** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Primary Ordering Comments:**

Deliver specimen immediately to the Core Laboratory.

**Lactic acid level - ONE TIME ORDER ONLY** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine  
**Specimen Type:** Blood **Maximum Quantity:** 3  
**Process Instructions:**  
 SEPSIS PATIENTS:

\*\*\*FOR ALL SEPSIS OR SUSPECTED SEPSIS CHANGE FREQUENCY TO: NOW THEN EVERY 3 HOURS FOR 3 OCCURRENCES\*\*\*

**Magnesium** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Phosphorus** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Type and screen** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine **Specimen Type:** Blood

Laboratory - STAT

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Arterial blood gas** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Venous blood gas** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Comprehensive metabolic panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Prothrombin time with INR, I-Stat** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood

**Partial thromboplastin time** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Primary Ordering Comments:**

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

**Basic metabolic panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**CBC with differential** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Fibrinogen** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**NT-proBNP** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Troponin T** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Hepatic function panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Ionized calcium** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Primary Ordering Comments:**

Deliver specimen immediately to the Core Laboratory.

**Lactic acid, I-Stat** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood

**Magnesium** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Phosphorus** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Type and screen** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood

**Laboratory - Repeat**

**Basic metabolic panel** Frequency: Every 6 hours Frequency Limit: 2 Occurrences Start Date: S Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Blood gas, venous** Frequency: Every 6 hours Frequency Limit: 2 Occurrences Start Date: S Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**CBC with differential** Frequency: Every 6 hours Frequency Limit: 2 Occurrences Start Date: S Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Laboratory - Additional Microbiology Screens**

**Aerobic culture** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

**Anaerobic culture** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

**Gastrointestinal pathogens panel WITHOUT C diff**

**Gastrointestinal pathogens panel WITHOUT C diff by nucleic acid amplification** Frequency: Once Priority: Routine Specimen Type: Stool

**Primary Ordering Comments:**

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Discontinue GI panel order if not collected in 3 days** Frequency: Until discontinued Priority: Routine Comments:

This order only exists to discontinue a GI panel order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.

**Primary Ordering Comments:**

This order only exists to discontinue a GI panel order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.

**Clostridioides difficile toxin gene (Qualitative Real-Time PCR) with reflex to antigen (Immunoassay)**

**Clostridioides difficile toxin gene (Qualitative Real-Time PCR) with reflex to antigen (Immunoassay)** Frequency:

Once Priority: Routine Specimen Type: Stool

**Question(s):**

Reason to order:

Risk factors:

**Primary Ordering Comments:**

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

**Discontinue C diff order if not collected in 3 days** Frequency: Until discontinued Priority: Routine Comments: This order only exists to discontinue a C diff order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

**Primary Ordering Comments:**

This order only exists to discontinue a C diff order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

**Respiratory culture, quantitative** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type:

Mini bronchial alveolar lavage

**Respiratory pathogen panel with COVID-19 RT-PCR** Frequency: Once Frequency Limit: 1 Occurrences Priority:

Routine Specimen Type: Nasopharyngeal

**Sputum culture** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Sputum

**Urinalysis screen and microscopy, with reflex to culture** Frequency: Once Frequency Limit: 1 Occurrences Priority:

Routine Specimen Type: Urine

**Question(s):**

Specimen Source: Urine

Specimen Site:

**Primary Ordering Comments:**

Specimen must be received in the laboratory within 2 hours of collection.

**Laboratory - Additional Microbiology Screens**

**Aerobic culture** Frequency: Once Priority: Routine

**Anaerobic culture** Frequency: Once Priority: Routine

**Gastrointestinal pathogens panel WITHOUT C diff**

**Gastrointestinal pathogens panel WITHOUT C diff by nucleic acid amplification** Frequency: Once Priority:

Routine Specimen Type: Stool

**Primary Ordering Comments:**

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

**Discontinue GI panel order if not collected in 3 days** Frequency: Until discontinued Priority: Routine Comments:

This order only exists to discontinue a GI panel order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.

**Primary Ordering Comments:**

This order only exists to discontinue a GI panel order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.

**Clostridioides difficile toxin gene (Qualitative Real-Time PCR) with reflex to antigen (Immunoassay)**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Clostridioides difficile toxin gene (Qualitative Real-Time PCR) with reflex to antigen (Immunoassay) Frequency:**Once **Priority:** Routine **Specimen Type:** Stool**Question(s):**

Reason to order:

Risk factors:

**Primary Ordering Comments:**

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

 **Discontinue C diff order if not collected in 3 days Frequency:** Until discontinued **Priority:** Routine **Comments:** This order only exists to discontinue a C diff order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.**Primary Ordering Comments:**

This order only exists to discontinue a C diff order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

 **Respiratory culture, quantitative Frequency:** Once **Priority:** Routine **Specimen Type:** Mini bronchial alveolar lavage **Respiratory pathogen panel with COVID-19 RT-PCR Frequency:** Once **Priority:** Routine **Specimen Type:** Nasopharyngeal **Sputum culture Frequency:** Once **Priority:** Routine **Specimen Type:** Sputum **Urinalysis screen with reflex to culture Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Urine**Question(s):**

Specimen Source: Urine

Specimen Site:

**Primary Ordering Comments:**

Specimen must be received in the laboratory within 2 hours of collection.

**Imaging****Chest X -Ray** **Chest 1 Vw Portable Frequency:** 1 time imaging **Priority:** STAT**Question(s):**

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

 **Chest 2 Vw Frequency:** 1 time imaging **Priority:** STAT**Question(s):**

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

**CT** **CT Head Wo Contrast Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT**Question(s):**

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

 **CT Chest Wo Contrast Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT**Question(s):**

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

**Process Instructions:**

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**CT Abdomen Pelvis Wo Contrast** Frequency: 1 time imaging Frequency Limit: 1 Occurrences Priority: STAT

**Question(s):**

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

**Process Instructions:**

Patients with a known iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

**Consults**

**Consults**

**Clinical Response Team**

**Consult to Sepsis Response Team** Frequency: Once Priority: STAT

**Question(s):**

Does the patient display signs and symptoms suspicious of infection at this time?

Reason for Consult?

**Consult Infectious Diseases** Frequency: Once Priority: Routine Comments: Ordering provider must contact ID Consultant

**Question(s):**

Reason for Consult?  Consult with Infectious Disease to review and/or adjust current antibiotic selection if necessary. Initial treatment should already be initiated.

Provider Group:

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

**Antibiotics Pharmacy Consult**

**Pharmacy consult to manage dose adjustments for renal function** Frequency: Until discontinued Priority: Routine

Comments: Pharmacy consult to review orders for renal dosing prior to administration of second dose of antibiotics

**Question(s):**

Adjust dose for:

**Primary Ordering Comments:**

Please assess for hemodialysis, peritoneal dialysis, or continuous renal replacement therapy (CRRT) orders in addition to creatine clearance when making dose adjustments.