## Sepsis Management (Emergency Dept)

### Click Here for CMS Sepsis Management Components and Interventions

#### Diagnostic Criteria:

CMS Sepsis SIRS and Organ Dysfunction Criteria

| Non-Pregnant AND Up to 19 wks and 6 days Pregnant Criteria | Pregnant 20 wks THROUGH Day 3 Post-Delivery Criteria |
|---|---|
| SIRS Criteria | SIRS Criteria |
| * 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 > 15,0000 or 10% bands or < 4,000 |
| Organ Dysfunction | Organ Dysfunction |
| * 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, CPCP, etc.) | * Acute respiratory failure as evidence by a new need for invasive or non-invasive mechanical ventilation (Vent, BiPaP, CPCP, 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 |

#### Treatment:

Treatment:

Severe Sepsis: Within 3 hours of presentation or with any clinical suspicion:
• Collect initial lactate level
• Start broad spectrum antibiotics
• Collect blood cultures prior to antibiotics
• 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
Within 6 hours of presentation:
• Repeat lactate if initial lactate greater than or equal to 2

Septic Shock: Within 3 hours of presentation or with any clinical suspicion:
• Administer 30mL/kg crystalloid fluids
Within 6 hours of presentation:
• IF hypotension persists
o Administer vasopressor
• IF hypotension persist OR initial lactate greater than or equal to 4
o Assess volume status and tissue perfusion
- Focused exam
• V/S AND
• Cardiopulmonary exam AND
• Capillary refill evaluation AND
• Peripheral pulse evaluation AND
• Skin examination
OR
- Any two of the following:
• CVP measurement
• Central oxygen measurement
• Bedside CV U/S
• Passive leg rise OR fluid challenge

### IV / Central Line Access - Hemodynamics Monitoring

#### IV / Central Line Access

[ ] Initiate and maintain IV (Selection Required)

[X] Ensure / Initiate and maintain IV access
Priority: **[ Routine ]**
Frequency: **[ Once ]**
Order comments: As needed immediately insert 2 large bore (at least 20 gauge) peripheral IV lines or call attending MD for STAT central line, intraosseus (IO) or other access.
Scheduling Instructions:

[X] sodium chloride 0.9 % flush
Dose: [ 2 mL ] [ 3 mL ] [ 5 mL ] **[ 10 mL ]**
Route: **[ intravenous ]** [ intra-catheter ]
Frequency: **[ Q12H SCH ]** [ TID ] [ PRN ]
Admin Instructions:
Priority: **[ Routine ]**

[X] sodium chloride 0.9 % flush
Dose: [ 2 mL ] [ 3 mL ] [ 5 mL ] **[ 10 mL ]**
Route: **[ intravenous ]** [ intra-catheter ]
Frequency: [ TID ] **[ PRN ]**
Admin Instructions:
Priority: **[ Routine ]**

Hemodynamic Monitoring
**If patient has IJ or Subclavian Central Venous Line**

[ ] Hemodynamic Monitoring - CVP
Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Q1H ]** [ Q2H ] [ Q4H ] [ Q8H ]
Order comments:
Scheduling Instructions:

Questions:
Measure: [ Cardiac Index (CI) ] [ Contin. Cardiac Output(CCO) ] [ Cardiac Output (CO) ] **[ CVP ]** [ Arterial Line BP ] [ Arterial Line MAP ] [ PVR ] [ PCWP ] [ PAP ] [ PAP(mean) ] [ SVR ] [ SVRI ] [ SVO2 ] [ Other ]

Possible Cascading Questions:
If (answer is Other):
Other:

Nursing

Nursing - HMH, HMSL and HMB

[X] Vital signs - T/P/R/BP
Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Q1H ]** [ Q2H ] [ Q4H ] [ Per Unit Protocol ]
For: 3 Hours
Order 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.
Scheduling Instructions:

[X] Height and weight
Priority: [ Routine ] **[ STAT ]**
Frequency: **[ Once ]** [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]
Order comments:
Scheduling Instructions:

[X] Pulse oximetry
Priority: **[ Routine ]** [ STAT ]
Frequency: [ Once ] **[ Daily ]** [ Q PM ] [ Continuous ] [ HS only ]
Order comments: Place Sp02 monitor (near infrared spectroscopy)

Questions:
Current FIO2 or Room Air: [ Current FIO2 ] [ Room Air ]

[X] Daily weights
Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Daily ]**
Order comments: Notify provider if weight is over 5 pounds from initial dry weight
Scheduling Instructions:

[X] Activity: Bed rest initially then progress as tolerated
Priority: **[ Routine ]**
Frequency: **[ Until Discontinued ]** [ Q Shift ] [ Daily ]
Starting: Today, At: N
Order comments:
Scheduling Instructions:

Questions:
Specify: [ Activity as tolerated ] [ Up ad lib ] [ Out of bed ] [ Up in chair ] [ Up with assistance ] **[ Other activity (specify) ]**
Other: Bed rest initially then progress activity as tolerated

Possible Cascading Questions:
If (answer is Up in chair):
Additional modifier:
If (answer is Other activity (specify)):

Other:

[X] Patient education

Priority: **[ Routine ]**
Frequency: [ Once ] **[ Prior to Discharge ]**
Order comments:
Scheduling Instructions:

Questions:

Patient/Family: [ Patient ] [ Family ] [ Both ]
Education for: [ Activity ] [ CHF education ] [ Diabetes education (performed by nurse) ] [ Discharge ] [ Drain care ] [ Fall risk ] [ Incentive spirometry ] [ Self admin of medication ] [ Smoking cessation counseling ] **[ Other (specify) ]**
Specify: Sepsis Education

Possible Cascading Questions:

If (answer is Other (specify)):
Specify:

Nursing - HMWB and HMTW

[X] Vital signs - T/P/R/BP

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Q1H ]** [ Q2H ] [ Q4H ] [ Per Unit Protocol ]
For: 3 Hours
Order 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.
Scheduling Instructions:

[X] Height and weight

Priority: [ Routine ] **[ STAT ]**
Frequency: **[ Once ]** [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]
Order comments:
Scheduling Instructions:

[X] Pulse oximetry

Priority: **[ Routine ]** [ STAT ]
Frequency: [ Once ] **[ Daily ]** [ Q PM ] [ Continuous ] [ HS only ]
Order 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).

Questions:

Current FIO2 or Room Air: [ Current FIO2 ] [ Room Air ]

[X] Daily weights

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Daily ]**
Order comments: Notify provider if weight is over 5 pounds from initial dry weight
Scheduling Instructions:

[X] Activity: Bed rest initally then progress as tolerated

Priority: **[ Routine ]**
Frequency: **[ Until Discontinued ]** [ Q Shift ] [ Daily ]
Starting: Today, At: N
Order comments:
Scheduling Instructions:

Questions:

Specify: [ Activity as tolerated ] [ Up ad lib ] [ Out of bed ] [ Up in chair ] [ Up with assistance ] **[ Other activity (specify) ]**
Other: Bed rest initially then progress activity as tolerated

Possible Cascading Questions:

If (answer is Up in chair):
Additional modifier:
If (answer is Other activity (specify)):
Other:

[X] Patient education

Priority: **[ Routine ]**
Frequency: [ Once ] **[ Prior to Discharge ]**
Order comments:

Scheduling Instructions:

Questions:

Patient/Family: [ Patient ] [ Family ] [ Both ]
Education for: [ Activity ] [ CHF education ] [ Diabetes education (performed by nurse) ] [ Discharge ] [ Drain care ] [ Fall risk ] [ Incentive spirometry ] [ Self admin of medication ] [ Smoking cessation counseling ] **[ Other (specify) ]**
Specify: Sepsis Education

Possible Cascading Questions:

If (answer is Other (specify)):
Specify:

## Nursing - HMW

### [X] Vital signs - T/P/R/BP

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Q1H ]** [ Q2H ] [ Q4H ] [ Per Unit Protocol ]
For: 3 Hours
Order 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.
Scheduling Instructions:

### [X] Height and weight

Priority: [ Routine ] **[ STAT ]**
Frequency: **[ Once ]** [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]
Order comments:
Scheduling Instructions:

### [X] Pulse oximetry

Priority: **[ Routine ]** [ STAT ]
Frequency: [ Once ] **[ Daily ]** [ Q PM ] [ Continuous ] [ HS only ]
Order comments: Place Sp02 monitor (near infrared spectroscopy)

Questions:

Current FIO2 or Room Air: [ Current FIO2 ] [ Room Air ]

### [X] Daily weights

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Daily ]**
Order comments: Notify provider if weight is over 5 pounds from initial dry weight
Scheduling Instructions:

### [X] Activity: Bed rest initially then progress as tolerated

Priority: **[ Routine ]**
Frequency: **[ Until Discontinued ]** [ Q Shift ] [ Daily ]
Starting: Today, At: N
Order comments:
Scheduling Instructions:

Questions:

Specify: [ Activity as tolerated ] [ Up ad lib ] [ Out of bed ] [ Up in chair ] [ Up with assistance ] **[ Other activity (specify) ]**
Other: Bed rest initially then progress activity as tolerated

Possible Cascading Questions:

If (answer is Up in chair):
Additional modifier:
If (answer is Other activity (specify)):
Other:

### [X] Patient education

Priority: **[ Routine ]**
Frequency: [ Once ] **[ Prior to Discharge ]**
Order comments:
Scheduling Instructions:

Questions:

Patient/Family: [ Patient ] [ Family ] **[ Both ]**
Education for: [ Activity ] [ CHF education ] [ Diabetes education (performed by nurse) ] [ Discharge ] [ Drain care ] [ Fall risk ] [ Incentive spirometry ] [ Self admin of medication ] [ Smoking cessation counseling ] **[ Other (specify) ]**
Specify: Sepsis Education

Possible Cascading Questions:

If (answer is Other (specify)):

Specify:

[ ] Insert and maintain Foley (Selection Required)

[X] Insert Foley catheter

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Once ]** [ Q4H ] [ Q Shift ] [ Daily ]
Order comments: Foley catheter may be removed per nursing protocol.
Scheduling Instructions:

Questions:

Type: [ 2 Way ] [ 3 Way ] [ Coude ] **[ Temperature Sensing ]**
Size: [ 14 French ] [ 16 French ] [ 18 French ]
Urinometer needed: [ Yes ] [ No ]
Indication: [ Comfort ] [ Hemodynamic Monitoring ] [ Obstruction ] [ Retention ] [ Urologic ] [ Surgery ]

[X] Foley Catheter Care

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Until Discontinued ]** [ Daily ]
Starting: Today, At: N
Order comments:
Scheduling Instructions:

Questions:

Orders: [ to gravity ] [ to leg bag ] [ flush ] [ flush until clear ] [ Site care Qshift & PRN ] **[ Maintain ]** [ Irrigate urinary catheter PRN ] [ Do not manipulate ]

Nursing - HMCL

[X] Vital signs - T/P/R/BP

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Q1H ]** [ Q2H ] [ Q4H ] [ Per Unit Protocol ]
For: 3 Hours
Order 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.
Scheduling Instructions:

[X] Height and weight

Priority: [ Routine ] **[ STAT ]**
Frequency: **[ Once ]** [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]
Order comments:
Scheduling Instructions:

[X] Pulse oximetry

Priority: **[ Routine ]** [ STAT ]
Frequency: [ Once ] **[ Daily ]** [ Q PM ] [ Continuous ] [ HS only ]
Order comments: Place Sp02 monitor (near infrared spectroscopy)

Questions:

Current FIO2 or Room Air: [ Current FIO2 ] [ Room Air ]

[X] Daily weights

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Daily ]**
Order comments: Notify provider if weight is over 5 pounds from initial dry weight
Scheduling Instructions:

[X] Activity: Bed rest initially then progress as tolerated

Priority: **[ Routine ]**
Frequency: **[ Until Discontinued ]** [ Q Shift ] [ Daily ]
Starting: Today, At: N
Order comments:
Scheduling Instructions:

Questions:

Specify: [ Activity as tolerated ] [ Up ad lib ] [ Out of bed ] [ Up in chair ] [ Up with assistance ] **[ Other activity (specify) ]**
Other: Bed rest initially then progress actiivty as tolerated

Possible Cascading Questions:

If (answer is Up in chair):
Additional modifier:
If (answer is Other activity (specify)):
Other:

[X] Patient education

Priority: **[ Routine ]**
Frequency: [ Once ] **[ Prior to Discharge ]**
Order comments:
Scheduling Instructions:

Questions:

Patient/Family: [ Patient ] [ Family ] [ Both ]
Education for: [ Activity ] [ CHF education ] [ Diabetes education (performed by nurse) ] [ Discharge ] [ Drain care ] [ Fall risk ] [ Incentive spirometry ] [ Self admin of medication ] [ Smoking cessation counseling ] **[ Other (specify) ]**
Specify: Sepsis Education

Possible Cascading Questions:

If (answer is Other (specify)):
Specify:

[X] Telemetry (Selection Required)

Telemetry monitoring

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Continuous ]**
For: 48 Hours
Accommodation Code: [ Private-Telemetry ] [ Semiprivate-Telemetry ]
Order comments:
Scheduling Instructions:

Questions:

Order: **[ Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) ]** [ Place in Centralized Telemetry Monitor ] [ EKG Monitoring Only (Telemetry Box) ]
Reason for telemetry: [ Acute Coronary Syndrome (within last 24-48 hrs) ] [ Atrial Fibrillation – new or hemodynamically unstable or symptomatic ] [ Acute Decompensated Heart Failure ] [ Stroke ] [ Electrolyte Disturbance ] [ Syncope of Suspected Cardiac Origin ]

Possible Cascading Questions:

If (answer is Other (Specify)):
Other:
If (answer is PCI (within 24-48 hrs)) And (answer is not 2nd or 3rd degree AV block) And (answer is not Acute Coronary Syndrome (within last 24-48 hrs)) And (answer is not Atrial Fibrillation – new or hemodynamically unstable or symptomatic) And (answer is not Drug Overdose) And (answer is not Electrolyte Disturbance) And (answer is not Infective Endocarditis) And (answer is not Myocardial Infarction (within 24-48 hrs)) And (answer is not Newly Diagnosed Left Main Coronary Artery Lesion) And (answer is not Open Heart Surgery (within 48-72 hrs)) And (answer is not Recent Pacemaker or ICD Implantation Procedure) And (answer is not Stroke) And (answer is not Symptomatic sinus bradycardia) And (answer is not Symptomatic Stress Cardiomyopathy) And (answer is not Syncope of Suspected Cardiac Origin) And (answer is not Targeted Temperature Management) And (answer is not TAVR (within last 72 hrs)) And (answer is not Ventricular tachyarrhythmias (Recent VT or VF)) And (answer is not Other (Specify)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is 2nd or 3rd degree AV block) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Acute Coronary Syndrome (within last 24-48 hrs)) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is 2nd or 3rd degree AV block):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is Acute Coronary Syndrome (within last 24-48 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is Atrial Fibrillation – new or hemodynamically unstable or symptomatic):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is Drug Overdose):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is Electrolyte Disturbance):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is PCI (within 24-48 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is Recent Pacemaker or ICD Implantation Procedure):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Acute Decompensated Heart Failure) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Atrial Fibrillation – new or hemodynamically unstable or symptomatic) And (answer is not Open Heart Surgery (within

48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Drug Overdose) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Electrolyte Disturbance) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Infective Endocarditis) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is Stroke):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is Symptomatic sinus bradycardia):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is Symptomatic Stress Cardiomyopathy):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is Syncope of Suspected Cardiac Origin):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is Targeted Temperature Management):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is TAVR (within last 72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is Ventricular tachyarrhythmias (Recent VT or VF)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Open Heart Surgery (within 48-72 hrs)) And (answer is Other (Specify)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Myocardial Infarction (within 24-48 hrs)) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Newly Diagnosed Left Main Coronary Artery Lesion) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Recent Pacemaker or ICD Implantation Procedure) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Stroke) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Symptomatic sinus bradycardia) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Symptomatic Stress Cardiomyopathy) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Syncope of Suspected Cardiac Origin) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Targeted Temperature Management) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is TAVR (within last 72 hrs)) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Ventricular tachyarrhythmias (Recent VT or VF)) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:
If (answer is Other (Specify)) And (answer is not Open Heart Surgery (within 48-72 hrs)):
Recommended duration per AHA guidelines for selected indication is:

Can be off of Telemetry for baths? **[ Yes ]** [ No ]

Possible Cascading Questions:

If (answer is No):
Reason?

Can be off for transport and tests? **[ Yes ]** [ No ]

Possible Cascading Questions:

If (answer is No):
Reason?

And

Telemetry additional setup information

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Continuous ]** [ Q1H ] [ Q2H ] [ Q4H ] [ Q8H ]
For: 48 Hours
Order comments:
Scheduling Instructions:

Questions:

High Heart Rate (BPM): 130
Low Heart Rate(BPM): 50
High PVC's (per minute): 10

[ ] Insert and maintain Foley (Selection Required)

[X] Insert Foley catheter

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Once ]** [ Q4H ] [ Q Shift ] [ Daily ]
Order comments: Foley catheter may be removed per nursing protocol.
Scheduling Instructions:

Questions:

Type: [ 2 Way ] [ 3 Way ] [ Coude ] **[ Temperature Sensing ]**
Size: [ 14 French ] [ 16 French ] [ 18 French ]
Urinometer needed: [ Yes ] [ No ]
Indication: [ Comfort ] [ Hemodynamic Monitoring ] [ Obstruction ] [ Retention ] [ Urologic ] [ Surgery ]

[X] Foley Catheter Care

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Until Discontinued ]** [ Daily ]
Starting: Today, At: N
Order comments:
Scheduling Instructions:

Questions:

Orders: [ to gravity ] [ to leg bag ] [ flush ] [ flush until clear ] [ Site care Qshift & PRN ] [ Maintain ] [ Irrigate urinary catheter PRN ] [ Do not manipulate ]

Notify

[X] Notify Provider/Clinical Response Team:

Priority: Routine
Frequency: **[ Until Discontinued ]** [ Once ]
Starting: Today, At: N
Order 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)
Phase of Care:

Initial Management of Suspected Sepsis

Blood Cultures

[X] Blood culture x 2

[X] 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 ]** [ STAT ] [ AM Draw ] [ Timed ]
Specimen Type: Blood
Specimen Source:
Order 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.

And

Blood culture, aerobic & anaerobic

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ Timed ]
Specimen Type: Blood
Specimen Source:
Order 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

[X] Lactic acid level - Now and repeat 2x every 3 hours

Frequency: **[ Now and repeat 2x every 3 hours ]**
Order 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

[X] Lactic acid level - Now and repeat 2x every 3 hours

Frequency: **[ Now and repeat 2x every 3 hours ]**
Order 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**

[X] Lactic acid, I-Stat - Now and repeat 2x every 3 hours

Frequency: **[ Now and repeat 2x every 3 hours ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments: STAT. Repeat lactic acid in 3 hours.

Labs

Laboratory - STAT

[ ] Arterial blood gas

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Venous blood gas

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Comprehensive metabolic panel

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Prothrombin time with INR

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Partial thromboplastin time

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order 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: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] CBC with differential

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] NT-proBNP

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Troponin T

Frequency: **[ Now Then Q2H ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
For: 3 Occurrences
Order comments:

[ ] Fibrinogen

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Hepatic function panel

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] D-dimer

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] hCG qualitative, serum screen

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

Questions:

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):
Reason for preventing immediate release:
Additional details for preventing immediate release:

[ ] TSH with reflex to free T4

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Creatine kinase, total (CPK)

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Ionized calcium

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments: Deliver specimen immediately to the Core Laboratory.

[ ] Magnesium

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Phosphorus

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Type and screen

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ Add-on ]
Order comments:

Laboratory - STAT

[ ] Arterial blood gas

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Venous blood gas

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Comprehensive metabolic panel

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Prothrombin time with INR, I-Stat

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Partial thromboplastin time

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order 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: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] CBC with differential

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Fibrinogen

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] NT-proBNP

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Order comments:

[ ] Troponin I (high sensitivity), I-Stat
Frequency: **[ Now Then Q2H ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Hepatic function panel
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Ionized calcium
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments: Deliver specimen immediately to the Core Laboratory.

[ ] D-dimer
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] hCG qualitative, serum screen
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

Questions:
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

Possible Cascading Questions:
If (answer is Manual release) Or (answer is Block release):
Reason for preventing immediate release:
Additional details for preventing immediate release:

[ ] TSH with reflex to free T4
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Creatine kinase, total (CPK)
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Magnesium
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Phosphorus
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Type and screen
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ Add-on ]
Order comments:

Laboratory - STAT

[ ] Arterial blood gas
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Venous blood gas
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Comprehensive metabolic panel
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Prothrombin time with INR, I-Stat
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Partial thromboplastin time
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Order 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: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] CBC with differential
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Fibrinogen
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] NT-proBNP
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Troponin T
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Hepatic function panel
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Ionized calcium
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments: Deliver specimen immediately to the Core Laboratory.

[ ] Lactic acid, I-Stat
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Magnesium
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Phosphorus
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

[ ] Type and screen
Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ Add-on ]
Order comments:

Laboratory - Additional Microbiology Screens

[ ] Aerobic culture
Frequency: **[ Once ]** [ AM Draw ] [ Timed ]
Specimen Type:
Specimen Source:
Order comments:

[ ] Anaerobic culture
Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ Timed ]
Specimen Type:
Specimen Source:
Order comments:

[ ] Gastrointestinal pathogens panel WITHOUT C diff
Gastrointestinal pathogens panel WITHOUT C diff by nucleic acid amplification
Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ Timed ]
Specimen Type: Stool
Specimen Source:
Order 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 t
he microbiology laboratory.

And

Discontinue GI panel order if not collected in 3 days

Priority: **[ Routine ]**
Frequency: [ Once ] **[ Until Discontinued ]**
Starting: 72 Hours after signing
Order 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.
Scheduling Instructions:

[ ] Clostridioides difficile toxin gene (Qualitative Real-Time PCR) with reflex to antigen (Immunoassay)

Frequency: **[ Once ]**
Specimen Type: Stool
Specimen Source:
Order 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 t
he microbiology laboratory.

Questions:

Reason to order: [ New onset of 3 or more loose or watery stools in the last 24 Hours ] [ Significant increase in baseline diarrhea ] [ Significant increase in ostomy output ] [ Pseudomembranous colitis (PMC) revealed during lower gastrointestinal endoscopy ] [ Colonic histopathology indicative of C. difficile infection (with or without diarrhea) on a specimen obtained during endoscopy or colectomy ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Explanatory Comment:

Risk factors: [ Leukocytosis (usually > 15 K/µl) ] [ Abdominal cramping, distention or tenderness ] [ Fever ] [ Recent hospitalization or visit to a healthcare facility in the last 4-8 weeks ] [ Prolonged hospitalization ] [ Recent antibiotic therapy in the last 3-4 months or recent chemotherapy ] [ Transferred from another healthcare facility, nursing home, or assisted living facility ] [ Comorbidities such as malignancies, chronic kidney disease inflammatory bowel disease, or immunosuppression ] [ Recent ED visit, or outpatient procedure ] [ Hypoalbuminemia, use of proton-pump inhibitors or enteral ] [ Recent history of C. diff diagnosis in the last 3 months ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Explanatory Comment:

[ ] Respiratory culture, quantitative

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ Timed ]
Specimen Type: Mini bronchial alveolar lavage
Specimen Source:
Order comments:

[ ] COVID-19, influenza A&B, and RSV qualitative RT-PCR

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

Questions:

Specimen Source: [ Nasopharyngeal Swab ]

[ ] Sputum culture

Frequency: **[ Once ]** [ AM Draw ] [ Timed ]
Specimen Type: **[ Sputum ]** [ Tracheal aspirate ]
Specimen Source: [ Expectorated ] [ Induced ] [ Not otherwise specified ]
Order comments:

[ ] Urinalysis screen with reflex to culture

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ Timed ] [ Add-on ]
Order comments: Specimen must be received in the laboratory within 2 hours of collection.

Questions:

Specimen Source: **[ Urine ]**
Specimen Site: [ Catheterized ] [ Clean catch ] [ Cystoscopy ] [ Foley ] [ Ileal conduit ] [ Kidney ] [ Koch pouch ] [ Midstream ] [ Nephrostomy ] [ Pediatric bag ] [ Random void ] [ Stint ] [ Suprapubic ] [ Ureteral ] [ VB1 ] [ VB2 ] [ VB3 ]

Laboratory - Additional Microbiology Screens

[ ] Aerobic culture

Frequency: **[ Once ]** [ AM Draw ] [ Timed ]

Specimen Type:
Specimen Source:
Order comments:

[ ] Anaerobic culture

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ Timed ]
Specimen Type:
Specimen Source:
Order comments:

[ ] Gastrointestinal pathogens panel WITHOUT C diff

Gastrointestinal pathogens panel WITHOUT C diff by nucleic acid amplification

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ Timed ]
Specimen Type: Stool
Specimen Source:
Order 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 t
he microbiology laboratory.

And

Discontinue GI panel order if not collected in 3 days

Priority: **[ Routine ]**
Frequency: [ Once ] **[ Until Discontinued ]**
Starting: 72 Hours after signing
Order 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.
Scheduling Instructions:

[ ] 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 ]**
Specimen Type: Stool
Specimen Source:
Order 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 t
he microbiology laboratory.

Questions:

Reason to order: [ New onset of 3 or more loose or watery stools in the last 24 Hours ] [ Significant increase in baseline diarrhea ] [ Significant increase in ostomy output ] [ Pseudomembranous colitis (PMC) revealed during lower gastrointestinal endoscopy ] [ Colonic histopathology indicative of C. difficile infection (with or without diarrhea) on a specimen obtained during endoscopy or colectomy ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Explanatory Comment:

Risk factors: [ Leukocytosis (usually > 15 K/µl) ] [ Abdominal cramping, distention or tenderness ] [ Fever ] [ Recent hospitalization or visit to a healthcare facility in the last 4-8 weeks ] [ Prolonged hospitalization ] [ Recent antibiotic therapy in the last 3-4 months or recent chemotherapy ] [ Transferred from another healthcare facility, nursing home, or assisted living facility ] [ Comorbidities such as malignancies, chronic kidney disease inflammatory bowel disease, or immunosuppression ] [ Recent ED visit, or outpatient procedure ] [ Hypoalbuminemia, use of proton-pump inhibitors or enteral ] [ Recent history of C. diff diagnosis in the last 3 months ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Explanatory Comment:

And

Discontinue C diff order if not collected in 3 days

Priority: **[ Routine ]**
Frequency: [ Once ] **[ Until Discontinued ]**
Starting: 72 Hours after signing
Order 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.
Scheduling Instructions:

[ ] Respiratory culture, quantitative

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ Timed ]
Specimen Type: Mini bronchial alveolar lavage
Specimen Source:
Order comments:

[ ] COVID-19, influenza A&B, and RSV qualitative RT-PCR

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]
Order comments:

Questions:

Specimen Source: [ Nasopharyngeal Swab ]

[ ] Sputum culture

Frequency: **[ Once ]** [ AM Draw ] [ Timed ]
Specimen Type: **[ Sputum ]** [ Tracheal aspirate ]
Specimen Source: [ Expectorated ] [ Induced ] [ Not otherwise specified ]
Order comments:

[ ] Urinalysis screen with reflex to culture

Frequency: [ Once ] **[ STAT ]** [ AM Draw ] [ Timed ] [ Add-on ]
Order comments: Specimen must be received in the laboratory within 2 hours of collection.

Questions:

Specimen Source: [ Urine ]
Specimen Site: [ Catheterized ] [ Clean catch ] [ Cystoscopy ] [ Foley ] [ Ileal conduit ] [ Kidney ] [ Koch pouch ] [ Midstream ] [ Nephrostomy ] [ Pediatric bag ] [ Random void ] [ Stint ] [ Suprapubic ] [ Ureteral ] [ VB1 ] [ VB2 ] [ VB3 ]

IV Fluids Management

Click Here for IV Fluids Management Guidance

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 (Selection Required)

( ) Calculate dose using Actual Body Weight (Selection Required)

(X) lactated ringers IV bolus + Vital Signs OR infusion (Selection Required)

[X] lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours (Selection Required)

lactated ringers bolus

Dose: **[ 30 mL/kg ]** [ 250 mL ] [ 500 mL ] [ 1,000 mL ]
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration: [ 15 Minutes ] [ 30 Minutes ] **[ 60 Minutes ]**
Admin Instructions:
Is ordered dose 30 mL/kg? {Yes/No 30 mL/kg:43654}
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.
Priority: **[ STAT ]** [ Routine ]

And

Fluid bolus vital signs - P/R/BP

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Q15 Min ]** [ Q30 Min ] [ Q1H ]
For: 4 Hours
Order 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.

Scheduling Instructions:

[ ] lactated ringers IV infusion (Selection Required)

lactated ringer's infusion

Dose: **[ 126 mL/hr ]** [ 50 mL/hr ] [ 75 mL/hr ] [ 100 mL/hr ] [ 125 mL/hr ]
Route: **[ intravenous ]**
Frequency: **[ Continuous ]**
Admin Instructions:
Is ordered dose 30 mL/kg? {Yes/No 30 mL/kg:43654}
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.
Priority: **[ Routine ]**

( ) sodium chloride 0.9% bolus + Vital Signs OR infusion (Selection Required)

[X] sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours (Selection Required)

sodium chloride 0.9 % bolus

Dose: **[ 30 mL/kg ]** [ 500 mL ] [ 1,000 mL ]
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration: 60 Minutes
Admin Instructions:
Is ordered dose 30 mL/kg? {Yes/No 30 mL/kg:43654}
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.
Priority: **[ STAT ]** [ Routine ]

And

Fluid bolus vital signs - P/R/BP

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Q15 Min ]** [ Q30 Min ] [ Q1H ]
For: 4 Hours
Order 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.
Scheduling Instructions:

[ ] sodium chloride 0.9% infusion (Selection Required)

sodium chloride 0.9% infusion

Dose: 126 mL/hr
Route: **[ intravenous ]**
Frequency: **[ Continuous ]**
Admin Instructions:
Is ordered dose 30 mL/kg? {Yes/No 30 mL/kg:43654}
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.
Priority: **[ Routine ]**

( ) If BMI GREATER than or EQUAL to 30.5, you may opt to use Ideal Body Weight (IBW) (Selection Required)

(X) lactated ringers IV bolus + Vital Signs OR infusion - For Obese Patients (Selection Required)

[X] lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours - For Obese Patients (Selection Required)

lactated ringers bolus

Dose: **[ 30 mL/kg ]** [ 250 mL ] [ 500 mL ] [ 1,000 mL ]
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**

Frequency: **[ Once ]**
Admin Duration: [ 15 Minutes ] [ 30 Minutes ] **[ 60 Minutes ]**
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.
Priority: **[ STAT ]** [ Routine ]

Questions:
Provider Response: **[ YES, I choose to use the Ideal Body Weight (IBW), BMI GREATER than or EQUAL to 30.5 ]**

And

Fluid bolus vital signs - P/R/BP
Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Q15 Min ]** [ Q30 Min ] [ Q1H ]
For: 4 Hours
Order 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.
Scheduling Instructions:

[ ] lactated ringers IV infusion - For Obese Patients (Selection Required)
lactated ringer's infusion
Dose: **[ 126 mL/hr ]** [ 50 mL/hr ] [ 75 mL/hr ] [ 100 mL/hr ] [ 125 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.
Priority: **[ Routine ]**

( ) sodium chloride 0.9% bolus + Vital Signs OR infusion - For Obese Patients (Selection Required)
[X] sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours - For Obese Patients (Selection Required)
sodium chloride 0.9 % bolus
Dose: **[ 30 mL/kg ]** [ 500 mL ] [ 1,000 mL ]
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration: 60 Minutes
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.
Priority: **[ STAT ]** [ Routine ]

Questions:
Provider Response: **[ YES, I choose to use the Ideal Body Weight (IBW), BMI GREATER than or EQUAL to 30.5 ]**

And

Fluid bolus vital signs - P/R/BP
Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Q15 Min ]** [ Q30 Min ] [ Q1H ]
For: 4 Hours
Order 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.
Scheduling Instructions:

[ ] sodium chloride 0.9% infusion - For Obese Patients (Selection Required)

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.
Priority: **[ Routine ]**

( ) DOES NOT MEET criteria for 30 mL/kg (Selection Required)

(X) lactated ringers IV bolus + Vital Signs OR infusion (Selection Required)

[X] lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours (Selection Required)

lactated ringers bolus

Dose: [ 250 mL ] [ 500 mL ] [ 1,000 mL ]
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration: [ 15 Minutes ] [ 30 Minutes ] **[ 60 Minutes ]**
Admin Instructions:
Is ordered dose 30 mL/kg?{Yes/No 30 mL/kg:43654}
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.
Priority: **[ STAT ]** [ Routine ]

And

Fluid bolus vital signs - P/R/BP

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Q15 Min ]** [ Q30 Min ] [ Q1H ]
For: 4 Hours
Order 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.
Scheduling Instructions:

[ ] lactated ringers IV infusion (Selection Required)

lactated ringer's infusion

Dose: **[ 126 mL/hr ]** [ 50 mL/hr ] [ 75 mL/hr ] [ 100 mL/hr ] [ 125 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.
Priority: **[ Routine ]**

( ) sodium chloride 0.9% bolus + Vital Signs OR infusion (Selection Required)

[X] sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours (Selection Required)

sodium chloride 0.9 % bolus

Dose: **[ 500 mL ]** [ 1,000 mL ]
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration: 60 Minutes
Admin Instructions:
Is ordered dose 30 mL/kg? {Yes/No 30 mL/kg:43654}
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.
Priority: **[ STAT ]** [ Routine ]

And

Fluid bolus vital signs - P/R/BP
Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Q15 Min ]** [ Q30 Min ] [ Q1H ]
For: 4 Hours
Order 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.
Scheduling Instructions:

[ ] sodium chloride 0.9% infusion (Selection Required)
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.
Priority: **[ Routine ]**

Additional Management of Sepsis
Antibiotics
** if not already started within the last 24 hours **
Please Select the appropriate indication(s) for antibiotic use below:

[ ] Community Acquired Pneumonia (Selection Required)
[X] Beta Lactam Antibiotics (Selection Required)
(X) ampicillin-sulbactam (UNASYN) IV
Dose: **[ 3 g ]**
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q6H ]** [ Q8H ] [ Q12H ] [ Q24H ]
For: 24 Hours
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:
If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:
If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):

Specify:

( ) (Penicillin Allergy) cefTRIAxone (ROCEPHIN) IV

Dose: 2 g
Route: **[ intravenous ]**
Frequency: Once
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):

Specify:

If (answer is Bloodstream):

Recommendation:

If (answer is Bone/Joint):

Recommendation:

If (answer is CNS):

Recommendation:

If (answer is ENT):

Recommendation:

If (answer is Febrile Neutropenia):

Recommendation:

If (answer is Intra-abdominal):

Recommendation:

If (answer is Respiratory Tract):

Recommendation:

If (answer is Sepsis):

Recommendation:

If (answer is SSTI):

Recommendation:

If (answer is Uro/Genital):

Recommendation:

If (answer is Vascular):

Recommendation:

If (answer is TB/Mycobacterial):

Recommendation:

If (answer is Nocardia):

Recommendation:

( ) (Prior PSA respiratory isolation or IV antibiotic exposure or hospitalization within previous 90 days) ceFEPime (MAXIPIME) IV (Selection Required)

ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

( ) (Prior ESBL respiratory isolation) meropenem (MERREM) IV (Selection Required)

meropenem (MERREM) IV

Dose: [ 500 mg ] **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ] [ Q24H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile

Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

Followed by

meropenem (MERREM) IV

Dose: **[ 500 mg ]** [ 1 g ] [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q6H ]** [ Q8H ] [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:

If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[X] Atypical (Selection Required)

(X) doxycycline (VIBRAMYCIN) IV followed by PO (Selection Required)

DOXYCYCLINE IV ORDERABLE

Dose: **[ 100 mg ]** [ 200 mg ]
Route: intravenous
Frequency: **[ Once ]** [ Q12H ] [ Q24H ]
Admin Duration:
Admin Instructions:
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

Followed by

doxycycline (VIBRAMYCIN) oral dosage form

Dose: **[ 100 mg ]**
Route: **[ oral ]**
Frequency: **[ Once ]** [ Daily ] [ BID with meals ]
Starting: 12 Hours after signing
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.
Priority: **[ Routine ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) azithromycin (ZITHROMAX) IVPB

Dose: [ 250 mg ] **[ 500 mg ]**
Route: **[ intravenous ]**
Frequency: Once
Admin Instructions:
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 5 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Nosocomial Pneumonia (Selection Required)

(e.g. Nursing home resident, IV antibiotic exposure or hospitalization within previous 90 days, chronic dialysis, immunosuppressed, on home infusion therapy or home wound care)
Combined use of piperacillin/tazobactam and vancomycin may be associated with an increased incidence of acute kidney injury.

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

( ) No SEVERE Penicillin OR Vancomycin Allergy (Selection Required)

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

( ) ceFEPime 2 g IV + vancomycin IV (Selection Required)

[X] ceFEPime (MAXIPIME) IV (Selection Required)

ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 f

i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):

Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):

Specify:

If (answer is Bloodstream):

Recommendation:

If (answer is Bone/Joint):

Recommendation:

If (answer is CNS):

Recommendation:

If (answer is ENT/Dental Infection):

Recommendation:

If (answer is Febrile Neutropenia):

Recommendation:

If (answer is Intra-abdominal):

Recommendation:

If (answer is Respiratory Tract):

Recommendation:

If (answer is Sepsis of Unknown Source):

Recommendation:

If (answer is Skin and Soft Tissue Infections):

Recommendation:

If (answer is Uro/Genital):

Recommendation:

If (answer is Cardiovascular):

Recommendation:

If (answer is TB/Mycobacterial):

Recommendation:

If (answer is Nocardia):

Recommendation:

If (answer is Medical Prophylaxis):

Medical Prophylaxis:

If (answer is Surgical Prophylaxis):

Surgical Prophylaxis:

[X] vancomycin (VANCOCIN) IV

Dose:

Route: **[ intravenous ]**

Frequency: **[ Once ]**

Admin Duration:

Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):

Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):

Specify:

If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV (Selection Required)

( ) amikacin (AMIKIN) IV

Dose: **[ 15 mg/kg ]**
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q12H ] [ Q24H ] [ Q48H ]
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) levofloxacin (LEVAQUIN) IV

Dose: [ 500 mg ] **[ 750 mg ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ]
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile

Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

Recommendation: [ Respiratory: Recommended duration of 5-7 days given clinical improvement ]

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

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

[X] piperacillin-tazobactam (ZOSYN) IV (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):

Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV (Selection Required)

( ) amikacin (AMIKIN) IV

Dose: **[ 15 mg/kg ]**
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q12H ] [ Q24H ] [ Q48H ]
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile

Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) levofloxacin (LEVAQUIN) IV

Dose: [ 500 mg ] **[ 750 mg ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ]
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

Possible Cascading Questions:
If (answer is Call me before conversion to PO):
Contact Number:

Recommendation: [ Respiratory: Recommended duration of 5-7 days given clinical improvement ]

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:
Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:
If (answer is Other):
Specify:

( ) piperacillin-tazobactam (ZOSYN) EI 4.5 g IV + vancomycin IV (HMW Only) (Selection Required)

[X] piperacillin-tazobactam EI (ZOSYN) IV (HMW Only) (Selection Required)

piperacillin-tazobactam (ZOSYN) 4.5 g IV Once

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 0.5 Hours ]** [ 30 Minutes ]
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:
Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:
If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):

Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 6 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:

If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV (Selection Required)

( ) amikacin (AMIKIN) IV

Dose: **[ 15 mg/kg ]**
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q12H ] [ Q24H ] [ Q48H ]
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) levofloxacin (LEVAQUIN) IV

Dose: [ 500 mg ] **[ 750 mg ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ]
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]
Recommendation: [ Respiratory: Recommended duration of 5-7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) meropenem (MERREM) IV + vancomycin IV (Selection Required)

[X] meropenem (MERREM) IV (Selection Required)

meropenem (MERREM) IV

Dose: [ 500 mg ] **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ] [ Q24H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:

If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

Followed by

meropenem (MERREM) IV

Dose: **[ 500 mg ]** [ 1 g ] [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q6H ]** [ Q8H ] [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:

If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV (Selection Required)

( ) amikacin (AMIKIN) IV

Dose: **[ 15 mg/kg ]**
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q12H ] [ Q24H ] [ Q48H ]
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) levofloxacin (LEVAQUIN) IV

Dose: [ 500 mg ] **[ 750 mg ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ]
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

Recommendation: [ Respiratory: Recommended duration of 5-7 days given clinical improvement ]

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) SEVERE Penicillin Allergy (Selection Required)

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

( ) aztreonam (AZACTAM) 2 g IV + vancomycin IV (Selection Required)

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV (Selection Required)

( ) amikacin (AMIKIN) IV

Dose: **[ 15 mg/kg ]**
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q12H ] [ Q24H ] [ Q48H ]
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) levofloxacin (LEVAQUIN) IV

Dose: [ 500 mg ] **[ 750 mg ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ]
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]
Recommendation: [ Respiratory: Recommended duration of 5-7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Suspected Anaerobe Coverage: metroNIDAZOLE (FLAGYL) 500 mg IV (Selection Required)

[X] metroNIDAZOLE (FLAGYL) IV

Dose: 500 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ]
For: 24 Hours
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-Abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ C.difficile ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) SEVERE Vancomycin Allergy (Selection Required)

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 (Selection Required)

[X] ceFEPime (MAXIPIME) IV (Selection Required)

ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:

If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

## ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

### Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

### Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

### Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:

If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV (Selection Required)

( ) amikacin (AMIKIN) IV

Dose: **[ 15 mg/kg ]**
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q12H ] [ Q24H ] [ Q48H ]
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) levofloxacin (LEVAQUIN) IV

Dose: [ 500 mg ] **[ 750 mg ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ]
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]
Recommendation: [ Respiratory: Recommended duration of 5-7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg

Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

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

[X] piperacillin-tazobactam (ZOSYN) IV (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):

Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:

If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV (Selection Required)

( ) amikacin (AMIKIN) IV

Dose: **[ 15 mg/kg ]**
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q12H ] [ Q24H ] [ Q48H ]

Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) levofloxacin (LEVAQUIN) IV

Dose: [ 500 mg ] **[ 750 mg ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ]
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]
Recommendation: [ Respiratory: Recommended duration of 5-7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):

Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

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

[X] piperacillin-tazobactam (ZOSYN) IV (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):

Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:

If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

## [X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

### Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

### Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

## [ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV (Selection Required)

( ) amikacin (AMIKIN) IV

Dose: **[ 15 mg/kg ]**
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q12H ] [ Q24H ] [ Q48H ]
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) levofloxacin (LEVAQUIN) IV

Dose: [ 500 mg ] **[ 750 mg ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ]
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]
Recommendation: [ Respiratory: Recommended duration of 5-7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:

If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) meropenem (MERREM) IV + linezolid (ZYVOX) IV (Selection Required)

[X] meropenem (MERREM) IV (Selection Required)

meropenem (MERREM) IV

Dose: [ 500 mg ] **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ] [ Q24H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:

If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

Followed by

## meropenem (MERREM) IV

Dose: **[ 500 mg ]** [ 1 g ] [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q6H ]** [ Q8H ] [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

### Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

### Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

### Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):

Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV (Selection Required)

( ) amikacin (AMIKIN) IV

Dose: **[ 15 mg/kg ]**

Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q12H ] [ Q24H ] [ Q48H ]
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) levofloxacin (LEVAQUIN) IV

Dose: [ 500 mg ] **[ 750 mg ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ]
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]
Recommendation: [ Respiratory: Recommended duration of 5-7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) SEVERE Penicillin AND Vancomycin Allergy (Selection Required)

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

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

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Recommendation: [ Respiratory: Recommended duration of 7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV (Selection Required)

( ) amikacin (AMIKIN) IV

Dose: **[ 15 mg/kg ]**
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q12H ] [ Q24H ] [ Q48H ]
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) levofloxacin (LEVAQUIN) IV

Dose: [ 500 mg ] **[ 750 mg ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ]
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]
Recommendation: [ Respiratory: Recommended duration of 5-7 days given clinical improvement ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Suspected Anaerobe Coverage: metroNIDAZOLE (FLAGYL) 500 mg IV (Selection Required)

[X] metroNIDAZOLE (FLAGYL) IV

Dose: 500 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ]
For: 24 Hours
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-Abdominal ] **[ Respiratory Tract ]** [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ C.difficile ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[ ] Urinary Tract Infection (Selection Required)

Does your patient have a SEVERE penicillin allergy?

( ) No (Selection Required)

( ) cefTRIAXone (ROCEPHIN) 1 g IV (Selection Required)

[X] cefTRIAxone (ROCEPHIN) IV

Dose: 1 g
Route: **[ intravenous ]**
Frequency: Once
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ UTI: Recommended duration is 5-7 days for uncomplicated UTI and 10-14 days for complicated UTI ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) ceFEPime IV (Selection Required)

[X] ceFEPime (MAXIPIME) IV (Selection Required)

ceFEPime (MAXIPIME) IV

Dose: **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ UTI: Recommended duration is 5-7 days for uncomplicated UTI and 10-14 days for complicated UTI ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:

If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

## ceFEPime (MAXIPIME) IV

Dose: **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

### Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

### Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ UTI: Recommended duration is 5-7 days for uncomplicated UTI and 10-14 days for complicated UTI ]

### Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):

Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) piperacillin-tazobactam (ZOSYN) IV (NOT HMW) (Selection Required)

[X] piperacillin-tazobactam (ZOSYN) IV (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue

Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ UTI: Recommended duration is 5-7 days for uncomplicated UTI and 10-14 days for complicated UTI ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ UTI: Recommended duration is 5-7 days for uncomplicated UTI and 10-14 days for complicated UTI ]

Possible Cascading Questions:

If (answer is Other):

Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:
Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:
If (answer is Other):
Specify:

( ) piperacillin-tazobactam (ZOSYN) EI IV (HMW Only) (Selection Required)

[X] piperacillin-tazobactam (ZOSYN) IV (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 f

i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ UTI: Recommended duration is 5-7 days for uncomplicated UTI and 10-14 days for complicated UTI ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ UTI: Recommended duration is 5-7 days for uncomplicated UTI and 10-14 days for complicated UTI ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) ertapenem (INVANZ) 1 g IV (Selection Required)

[X] ertapenem (INVanz) IV

Dose: 1 g
Route: **[ intravenous ]**
Frequency: Once
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ UTI: Recommended duration is 5-7 days for uncomplicated UTI and 10-14 days for complicated UTI ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) meropenem (MERREM) IV (Selection Required)

[X] meropenem (MERREM) IV (Selection Required)

meropenem (MERREM) IV

Dose: [ 500 mg ] **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ] [ Q24H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ UTI: Recommended duration is 5-7 days for uncomplicated UTI and 10-14 days for complicated UTI ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

Followed by

meropenem (MERREM) IV

Dose: **[ 500 mg ]** [ 1 g ] [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q6H ]** [ Q8H ] [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ UTI: Recommended duration is 5-7 days for uncomplicated UTI and 10-14 days for complicated UTI ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) Yes (Selection Required)

(X) aztreonam (AZACTAM) 2 g IV (Selection Required)

[X] aztreonam (AZACTAM) 2 g IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] **[ Uro/Genital ]** [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:
If (answer is Other):
Specify:

[ ] Skin and Soft Tissue Infection - Uncomplicated Cellulitis (Selection Required)
Does your patient have a SEVERE vancomycin allergy?

( ) No (Selection Required)
(X) cefTRIAxone (ROCEPHIN) 1 g IV + vancomycin IV (Selection Required)
[X] cefTRIAxone (ROCEPHIN) IV
Dose: 1 g
Route: **[ intravenous ]**
Frequency: Once
Admin Duration: **[ 30 Minutes ]**
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.
Priority: [ Routine ] **[ STAT ]**

Questions:
Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:
If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[X] vancomycin (VANCOCIN) IV
Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:
If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

( ) Yes (Selection Required)

(X) cefTRIAxone (ROCEPHIN) 1 g IV + linezolid (ZYVOX) 600 mg IV (Selection Required)

[X] cefTRIAxone (ROCEPHIN) IV

Dose: 1 g
Route: **[ intravenous ]**
Frequency: Once
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:

If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Skin and Soft Tissue Infection - Complicated (necrotizing fasciitis, gangrene, diabetic foot) (Selection Required)

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

( ) No SEVERE Penicillin OR Vancomycin Allergy (Selection Required)

[X] piperacillin-tazobactam (ZOSYN) 4.5 g IV + vancomycin IV (NOT HMW) (Selection Required)

[X] piperacillin-tazobactam (ZOSYN) IV (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**

Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV

Dose: 900 mg
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
Admin Duration: **[ 30 Minutes ]**
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.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Is this order for a suspected or confirmed necrotizing soft tissue infection or toxic shock syndrome? [ Yes ] [ No ]

Possible Cascading Questions:

If (answer is Skin and Soft Tissue Infections):
Is this order for a suspected or confirmed necrotizing soft tissue infection or toxic shock syndrome?
If (answer is Yes):
:

If (answer is Other):
Specify:

[X] piperacillin-tazobactam (ZOSYN) EI IV + vancomycin IV (HMW Only) (Selection Required)

[X] piperacillin-tazobactam (ZOSYN) IV (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
Admin Instructions: **STANDARD Infusion** Administer over 30 minutes.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**

Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV

Dose: 900 mg
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
Admin Duration: **[ 30 Minutes ]**
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.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) SEVERE Penicillin Allergy (Selection Required)

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

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

If 18 years and older:

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):

Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):

Specify:

[X] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg

Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]

Route: **[ intravenous ]**

Frequency: Once

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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):

Specify:

[X] vancomycin (VANCOCIN) IV

Dose:

Route: **[ intravenous ]**

Frequency: **[ Once ]**

Admin Duration:

Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):

Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile

Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:
If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] clindamycin (CLEOCIN) IV
Dose: 900 mg
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:
Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Is this order for a suspected or confirmed necrotizing soft tissue infection or toxic shock syndrome? [ Yes ] [ No ]

Possible Cascading Questions:
If (answer is Skin and Soft Tissue Infections):
Is this order for a suspected or confirmed necrotizing soft tissue infection or toxic shock syndrome?
If (answer is Yes):
:
If (answer is Other):
Specify:

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

[X] aztreonam (AZACTAM) IV
Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours

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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] metroNIDAZOLE (FLAGYL) IV

Dose: 500 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ]
For: 24 Hours
Admin Duration:
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 administ
e
r the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-Abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ C.difficile ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) SEVERE Vancomycin Allergy (Selection Required)

[X] piperacillin-tazobactam (ZOSYN) 4.5 g IV + linezolid (ZYVOX) 600 mg IV (Selection Required)

[X] piperacillin-tazobactam (ZOSYN) IV (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV

Dose: 900 mg
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
Admin Duration: **[ 30 Minutes ]**
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.

Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) SEVERE Penicillin AND Vancomycin Allergy (Selection Required)

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

(Selection Required)

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 3 Doses
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 2 Doses
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile

Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] clindamycin (CLEOCIN) IV

Dose: 900 mg
Route: **[ intravenous ]**
Frequency: Q8H
For: 3 Doses
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) aztreonam (AZACTAM) 2 g IV + tobramycin (TOBREX) 7 mg/kg IV + linezolid (ZYVOX) 600 mg IV + metroNIDAZOLE (FLAGYL) 500 mg IV (Selection Required)

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 3 Doses
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 2 Doses
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]
Recommendation: [ SSTI: Recommended duration is 5-10 days dependent on patient's clinical response and source control ]

Possible Cascading Questions:

If (answer is Other):

Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] metroNIDAZOLE (FLAGYL) IV

Dose: 500 mg
Route: **[ intravenous ]**
Frequency: **[ Q6H ]** [ Once ] [ Q8H ] [ Q12H ]
For: 4 Doses
Admin Duration:
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 administ
e
r the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-Abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] **[ Skin and Soft Tissue Infections ]** [ Uro/Genital ] [ Cardiovascular ] [ C.difficile ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[ ] Sepsis of Unknown Source or IV Catheter-Related Infection (Selection Required)

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

( ) No SEVERE Penicillin OR Vancomycin Allergy (Selection Required)

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

( ) ceFEPime IV + vancomycin IV (Selection Required)

[X] ceFEPime (MAXIPIME) IV (Selection Required)

ceFEPime (MAXIPIME) IV

Dose: **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**

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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

ceFEPime (MAXIPIME) IV

Dose: **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 f

i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]

Possible Cascading Questions:
If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:
Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:
If (answer is Other):
Specify:

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

[X] piperacillin-tazobactam (ZOSYN) IV (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**

Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):

Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

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

[X] piperacillin-tazobactam EI (ZOSYN) IV (HMW Only) (Selection Required)

piperacillin-tazobactam (ZOSYN) 4.5 g IV Once

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 0.5 Hours ]** [ 30 Minutes ]
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 6 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile

Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):

Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV or levofloxacin 750 mg IV (Selection Required)

( ) amikacin (AMIKIN) IV

Dose: **[ 15 mg/kg ]**
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q12H ] [ Q24H ] [ Q48H ]
Admin Duration: **[ 30 Minutes ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) levofloxacin (LEVAQUIN) IV

Dose: [ 500 mg ] **[ 750 mg ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ]
Admin Duration:
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):

Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) meropenem (MERREM) IV + vancomycin IV (Selection Required)

[X] meropenem (MERREM) IV (Selection Required)

meropenem (MERREM) IV

Dose: [ 500 mg ] **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ] [ Q24H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

Followed by

meropenem (MERREM) IV

Dose: **[ 500 mg ]** [ 1 g ] [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q6H ]** [ Q8H ] [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):

Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) SEVERE Penicillin Allergy (Selection Required)

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

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

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):

Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

( ) SEVERE Vancomycin Allergy (Selection Required)

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 (Selection Required)

[X] ceFEPime (MAXIPIME) IV (Selection Required)

ceFEPime (MAXIPIME) IV

Dose: **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):

Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

ceFEPime (MAXIPIME) IV

Dose: **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:

If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

## [X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

### Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

### Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg

Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]

Route: **[ intravenous ]**

Frequency: Once

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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):

Specify:

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

[X] piperacillin-tazobactam (ZOSYN) IV (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**

Route: **[ intravenous ]**

Frequency: **[ Once ]** [ Q8H ] [ Q12H ]

Admin Duration: **[ 30 Minutes ]**

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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):

Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

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

Possible Cascading Questions:

If (answer is Other):

Specify:

If (answer is Bloodstream):

Recommendation:

If (answer is Bone/Joint):

Recommendation:

If (answer is CNS):

Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):

Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

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

[X] piperacillin-tazobactam (ZOSYN) infusion - extended (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:

If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:

If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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 admi
n
ister the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) meropenem (MERREM) IV + linezolid (ZYVOX) 600 mg IV (Selection Required)

[X] meropenem (MERREM) IV (Selection Required)

meropenem (MERREM) IV

Dose: [ 500 mg ] **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ] [ Q24H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:

If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

Followed by

meropenem (MERREM) IV

Dose: **[ 500 mg ]** [ 1 g ] [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q6H ]** [ Q8H ] [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:

If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) SEVERE Penicillin AND Vancomycin Allergy (Selection Required)

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

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

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):

Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] tobramycin (TOBREX) 7 mg/kg IV (Selection Required)

[X] tobramycin (TOBREX) 7 mg/kg IVPB

Dose: 7 mg/kg
Weight Type: [ Recorded ] **[ Ideal ]** [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
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 co
m
patible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis of Unknown Source ]** [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[ ] Intra-Abdominal Infections (Selection Required)

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 (Selection Required)

[X] ceFEPime + metroNIDAZOLE (FLAGYL) OR piperacillin-tazobactam (ZOSYN) IV OR meropenem (MERREM) IV (Selection Required)

( ) ceFEPime 1 g IV + metroNIDAZOLE (FLAGYL) 500 mg IV (Selection Required)

[X] ceFEPime (MAXIPIME) IV (Selection Required)

ceFEPime (MAXIPIME) IV

Dose: **[ 1 g ]** [ 2 g ]

Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

ceFEPime (MAXIPIME) IV

Dose: **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] metronidazole (FLAGYL) IV

Dose: 500 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ]
For: 24 Hours
Admin Duration:
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 administ
e
r the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-Abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ C.difficile ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) piperacillin-tazobactam (ZOSYN) 4.5 g IV (Selection Required)

[X] piperacillin-tazobactam (ZOSYN) IV (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):

Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

( ) piperacillin-tazobactam EI (ZOSYN) IV (HMW Only) (Selection Required)

piperacillin-tazobactam (ZOSYN) 4.5 g IV Once

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 0.5 Hours ]** [ 30 Minutes ]
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 6 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

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

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

( ) meropenem (MERREM) IV (Selection Required)

[X] meropenem (MERREM) IV (Selection Required)

meropenem (MERREM) IV

Dose: [ 500 mg ] **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ] [ Q24H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

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

**control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

Followed by

meropenem (MERREM) IV

Dose: **[ 500 mg ]** [ 1 g ] [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q6H ]** [ Q8H ] [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):

Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[ ] IF health-care associated, ADD - vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:

If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] IF high risk or severe, consider antifungal coverage - fluconazole (DIFLUCAN) 400 mg IV (Selection Required)

[X] fluconazole (DIFLUCAN) IV

Dose: [ 200 mg ] [ 400 mg ] [ 600 mg ] [ 800 mg ] [ 3 mg/kg ] **[ 6 mg/kg ]**
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Maximum dose: 800 mg (Hard stop)
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ] [ Q72H ]
Admin Instructions:
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

Indication: **[ Candidiasis ]** [ Coccidioidomycosis ] [ Cryptococcosis ] [ Febrile Neutropenia ] [ Other ] [ Medical Prophylaxis ] [ Surgical Prophylaxis ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) SEVERE Penicillin Allergy (Selection Required)

(X) aztreonam (AZACTAM) 2 g IV + metroNIDAZOLE (FLAGYL) 500 mg IV (Selection Required)

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] metroNIDAZOLE (FLAGYL) IV

Dose: 500 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ]
For: 24 Hours
Admin Duration:

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 administ
e
r the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-Abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ C.difficile ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[ ] IF health-care associated, ADD - vancomycin IV

Dose:
Route: **[ intravenous ]**
Frequency: [ Once ]
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):

Surgical Prophylaxis:

[ ] IF high risk or severe, consider antifungal coverage: fluconazole (DIFLUCAN) IV or micafungin (MYCAMINE) IV (Selection Required)

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

( ) fluconazole (DIFLUCAN) IV

Dose: [ 200 mg ] [ 400 mg ] [ 600 mg ] [ 800 mg ] [ 3 mg/kg ] **[ 6 mg/kg ]**

Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]

Maximum dose: 800 mg (Hard stop)

Route: **[ intravenous ]**

Frequency: **[ Once ]** [ Q24H ] [ Q48H ] [ Q72H ]

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.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

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

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

Indication: **[ Candidiasis ]** [ Coccidioidomycosis ] [ Cryptococcosis ] [ Febrile Neutropenia ] [ Other ] [ Medical Prophylaxis ] [ Surgical Prophylaxis ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) micafungin (MYCAMINE) IVPB (RESTRICTED)

Dose: 100 mg
Route: **[ intravenous ]**
Frequency: Once
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

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?
[ YES, I am an approved provider ] [ I am ordering on behalf of an approved provider ] [ Formulary policy override (pharmacist use only) ] [ NO ]

Possible Cascading Questions:

If (answer is I am ordering on behalf of an approved provider):
Name of Approved Provider:
If (answer is Formulary policy override (pharmacist use only)):
Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:
If (answer is NO):
HM Policy Alert:

Specify: Sepsis
Authorizing ID: [ Infectious Disease Physician ] [ Infectious Disease Fellow ] [ Infectious Disease Pharmacist ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

( ) SEVERE Vancomycin Allergy (Selection Required)

[X] ceFEPime + metroNIDAZOLE (FLAGYL) OR piperacillin-tazobactam (ZOSYN) IV OR meropenem (MERREM) IV (Selection Required)

( ) ceFEPime 1 g IV + metroNIDAZOLE (FLAGYL) 500 mg IV (Selection Required)

[X] ceFEPime (MAXIPIME) IV (Selection Required)

ceFEPime (MAXIPIME) IV

Dose: **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

ceFEPime (MAXIPIME) IV

Dose: **[ 1 g ]** [ 2 g ]

Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] metronidazole (FLAGYL) IV

Dose: 500 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ]
For: 24 Hours
Admin Duration:
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 administ
e
r the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-Abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ C.difficile ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) piperacillin-tazobactam (ZOSYN) 4.5 g IV (Selection Required)

[X] piperacillin-tazobactam (ZOSYN) IV (Selection Required)

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:

If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):

Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

( ) piperacillin-tazobactam EI (ZOSYN) IV (HMW Only) (Selection Required)

piperacillin-tazobactam (ZOSYN) 4.5 g IV Once

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q8H ] [ Q12H ]
Admin Duration: **[ 0.5 Hours ]** [ 30 Minutes ]
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

piperacillin-tazobactam (ZOSYN) IV

Dose: [ 3.375 g ] **[ 4.5 g ]**
Route: **[ intravenous ]**
Frequency: **[ Q8H ]** [ Q12H ]
Starting: 6 Hours after signing
For: 24 Hours
Admin Duration: **[ 4 Hours ]**
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

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

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

( ) meropenem (MERREM) IV (Selection Required)

[X] meropenem (MERREM) IV (Selection Required)

meropenem (MERREM) IV

Dose: [ 500 mg ] **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ] [ Q24H ]
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

Followed by

meropenem (MERREM) IV

Dose: **[ 500 mg ]** [ 1 g ] [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q6H ]** [ Q8H ] [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[ ] IF health-care associated, ADD - linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):

Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] IF high risk or severe, consider antifungal coverage - fluconazole (DIFLUCAN) 400 mg IV (Selection Required)

[X] fluconazole (DIFLUCAN) IV

Dose: [ 200 mg ] [ 400 mg ] [ 600 mg ] [ 800 mg ] [ 3 mg/kg ] **[ 6 mg/kg ]**
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Maximum dose: 800 mg (Hard stop)
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ] [ Q72H ]
Admin Instructions:
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

Indication: **[ Candidiasis ]** [ Coccidioidomycosis ] [ Cryptococcosis ] [ Febrile Neutropenia ] [ Other ] [ Medical Prophylaxis ] [ Surgical Prophylaxis ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) SEVERE Penicillin and Vancomycin Allergy (Selection Required)

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

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Reason for Therapy: **[ Bacterial Infection Suspected ]** [ Bacterial Infection Documented ] [ Surgical Prophylaxis ] [ Medical Prophylaxis ] [ Other ]
Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bacterial Infection Suspected):
Indication:

If (answer is Other):
Specify:
If (answer is Bacterial Infection Documented):
Indication:
If (answer is Other):
Specify:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

[X] metroNIDAZOLE (FLAGYL) IV

Dose: 500 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ]
For: 24 Hours
Admin Duration:
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 administ
e
r the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: **[ STAT ]** [ Routine ]

Questions:

Type of Therapy: **[ New Anti-Infective Order ]**
Reason for Therapy: **[ Bacterial Infection Suspected ]** [ Bacterial Infection Documented ] [ Surgical Prophylaxis ] [ Medical Prophylaxis ] [ Other ]
Indication: [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT ] [ Febrile Neutropenia ] **[ Intra-Abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] **[ Sepsis ]** [ SSTI ] [ Uro/Genital ] [ Vascular ] [ C.difficile ] [ Other ]

Possible Cascading Questions:

If (answer is New Anti-Infective Order):
Reason for Therapy:
If (answer is Bacterial Infection Suspected):
Indication:
If (answer is Other):
Specify:
If (answer is Bacterial Infection Documented):
Indication:
If (answer is Other):
Specify:
If (answer is Other):
Specify:

[ ] IF health-care associated, ADD - linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] **[ Intra-abdominal ]** [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis: Recommended duration is dependent upon patient's clinical response and source**

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

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

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

[ ] IF high risk or severe, consider antifungal coverage: fluconazole (DIFLUCAN) IV or micafungin (MYCAMINE) IV (Selection Required)

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

( ) fluconazole (DIFLUCAN) IV

Dose: [ 200 mg ] [ 400 mg ] [ 600 mg ] [ 800 mg ] [ 3 mg/kg ] **[ 6 mg/kg ]**
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Maximum dose: 800 mg (Hard stop)
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q24H ] [ Q48H ] [ Q72H ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Reason for Therapy: [ Bacterial Infection Suspected ] [ Bacterial Infection Documented ] [ Surgical Prophylaxis ] **[ Medical Prophylaxis ]** [ Other ]
Indication: **[ Sepsis ]** [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ Sepsis: Recommended duration is dependent upon patient's clinical response and source identification ]** [ Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and

source identification ]
Medical Prophylaxis: [ The maximum duration of therapy that can be entered at this time is 56 days. Order can be renewed if required at that time. ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bacterial Infection Suspected):
Indication:
If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Bacterial Infection Documented):
Indication:
If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [

Call me before conversion to PO ]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):

Contact Number:

Indication: **[ Candidiasis ]** [ Coccidioidomycosis ] [ Cryptococcosis ] [ Febrile Neutropenia ] [ Other ] [ Medical Prophylaxis ] [ Surgical Prophylaxis ]

Possible Cascading Questions:

If (answer is Other):

Specify:

( ) micafungin (MYCAMINE) IVPB (RESTRICTED)

Dose: 100 mg
Route: **[ intravenous ]**
Frequency: Once
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.

Priority: **[ STAT ]** [ Routine ]

Questions:

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?
[ YES, I am an approved provider ] [ I am ordering on behalf of an approved provider ] [ Formulary policy override (pharmacist use only) ] [ NO ]

Possible Cascading Questions:

If (answer is I am ordering on behalf of an approved provider):

Name of Approved Provider:

If (answer is Formulary policy override (pharmacist use only)):

Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:

If (answer is NO):

HM Policy Alert:

Specify: Sepsis
Authorizing ID: [ Infectious Disease Physician ] [ Infectious Disease Fellow ] [ Infectious Disease Pharmacist ] [ Other ]

Possible Cascading Questions:

If (answer is Other):

Specify:

[ ] Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT (Selection Required)

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

( ) No SEVERE Penicillin or Vancomycin Allergy (Selection Required)

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 (Selection Required)

[X] cefTRIAxone (ROCEPHIN) IV

Dose: 2 g
Route: **[ intravenous ]**
Frequency: Q12H
For: 24 Hours
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

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

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

## [X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

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

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:

If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV

Dose: **[ 0.15 mg/kg ]** [ 2 mg ] [ 4 mg ] [ 5 mg ] [ 8 mg ] [ 10 mg ]
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
Admin Instructions: Administer 15-20 minutes before 1st dose of antibiotics.
Priority: **[ STAT ]** [ Routine ]

( ) cefTRIAXone (ROCEPHIN) 2 g IV + vancomycin IV + ampicillin 2 g IV - For Patients GREATER than 50 years old (Selection Required)

[X] cefTRIAxone (ROCEPHIN) IV

Dose: 2 g
Route: **[ intravenous ]**
Frequency: Q12H
For: 24 Hours
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):

Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] ampicillin IV

Dose: 2 g
Route: **[ intravenous ]**
Frequency: Q4H
For: 24 Hours
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 administ
e
r the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[ ] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV

Dose: **[ 0.15 mg/kg ]** [ 2 mg ] [ 4 mg ] [ 5 mg ] [ 8 mg ] [ 10 mg ]
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
Admin Instructions: Administer 15-20 minutes before 1st dose of antibiotics.
Priority: **[ STAT ]** [ Routine ]

( ) SEVERE Penicillin Allergy (Selection Required)

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

( ) aztreonam (AZACTAM) 2 g IV + vancomycin IV (Selection Required)

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV

Dose: **[ 0.15 mg/kg ]** [ 2 mg ] [ 4 mg ] [ 5 mg ] [ 8 mg ] [ 10 mg ]
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
Admin Instructions: Administer 15-20 minutes before 1st dose of antibiotics.
Priority: **[ STAT ]** [ Routine ]

( ) SEVERE Vancomycin Allergy (Selection Required)

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 (Selection Required)

[X] cefTRIAxone (ROCEPHIN) IV

Dose: 2 g
Route: **[ intravenous ]**
Frequency: Q12H
For: 24 Hours
Admin Duration: **[ 30 Minutes ]**
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 f
i
rst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and**

**source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:

If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV

Dose: **[ 0.15 mg/kg ]** [ 2 mg ] [ 4 mg ] [ 5 mg ] [ 8 mg ] [ 10 mg ]
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
Admin Instructions: Administer 15-20 minutes before 1st dose of antibiotics.
Priority: **[ STAT ]** [ Routine ]

( ) cefTRIAXone (ROCEPHIN) 2 g IV + linezolid (ZYVOX) 600 mg IV + ampicillin 2 g IV - For Patients GREATER than 50 years old (Selection Required)

[X] cefTRIAxone (ROCEPHIN) IV

Dose: 2 g
Route: **[ intravenous ]**
Frequency: Q12H
For: 24 Hours
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[X] linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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 antibio
t
icfirst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] ampicillin IV

Dose: 2 g
Route: **[ intravenous ]**
Frequency: Q4H
For: 24 Hours
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 administ
e
r the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[ ] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV

Dose: **[ 0.15 mg/kg ]** [ 2 mg ] [ 4 mg ] [ 5 mg ] [ 8 mg ] [ 10 mg ]
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
Admin Instructions: Administer 15-20 minutes before 1st dose of antibiotics.
Priority: **[ STAT ]** [ Routine ]

( ) SEVERE Penicillin and Vancomycin Allergy (Selection Required)

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 (Selection Required)

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

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

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

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV

Dose: **[ 0.15 mg/kg ]** [ 2 mg ] [ 4 mg ] [ 5 mg ] [ 8 mg ] [ 10 mg ]
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
Admin Instructions: Administer 15-20 minutes before 1st dose of antibiotics.
Priority: **[ STAT ]** [ Routine ]

[ ] Bacterial Meningitis - ImmunoCOMPROMISED, Post-Neurosurgery or Penetrating Head Trauma (Selection Required)

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

( ) No SEVERE Penicillin or Vancomycin Allergy (Selection Required)

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 (Selection Required)

[X] ceFEPime IV or meropenem (MERREM) IV (Selection Required)

( ) ceFEPime (MAXIPIME) IV (Selection Required)

ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r

the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):

Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

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

Possible Cascading Questions:

If (answer is Other):

Specify:

If (answer is Bloodstream):

Recommendation:

If (answer is Bone/Joint):

Recommendation:

If (answer is CNS):

Recommendation:

If (answer is ENT/Dental Infection):

Recommendation:

If (answer is Febrile Neutropenia):

Recommendation:

If (answer is Intra-abdominal):

Recommendation:

If (answer is Respiratory Tract):

Recommendation:

If (answer is Sepsis of Unknown Source):

Recommendation:

If (answer is Skin and Soft Tissue Infections):

Recommendation:

If (answer is Uro/Genital):

Recommendation:

If (answer is Cardiovascular):

Recommendation:

If (answer is TB/Mycobacterial):

Recommendation:

If (answer is Nocardia):

Recommendation:

If (answer is Medical Prophylaxis):

Medical Prophylaxis:

If (answer is Surgical Prophylaxis):

Surgical Prophylaxis:

( ) meropenem (MERREM) IV (Selection Required)

meropenem (MERREM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**

Route: **[ intravenous ]**

Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ] [ Q24H ]

Admin Duration: **[ 30 Minutes ]**

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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:

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

Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

Followed by

meropenem (MERREM) IV

Dose: [ 500 mg ] **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] [ Q6H ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft

Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

## [X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:

If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV

Dose: **[ 0.15 mg/kg ]** [ 2 mg ] [ 4 mg ] [ 5 mg ] [ 8 mg ] [ 10 mg ]
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
Admin Instructions: Administer 15-20 minutes before 1st dose of antibiotics.
Priority: **[ STAT ]** [ Routine ]

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

[X] ceFEPime IV or meropenem (MERREM) IV (Selection Required)

( ) ceFEPime (MAXIPIME) IV (Selection Required)

ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:

If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:

If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

( ) meropenem (MERREM) IV (Selection Required)

meropenem (MERREM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ] [ Q24H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):

Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

Followed by

meropenem (MERREM) IV

Dose: [ 500 mg ] **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] [ Q6H ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[X] vancomycin (VANCOCIN) IV

Dose:
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration:
Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: [ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] ampicillin IV

Dose: 2 g
Route: **[ intravenous ]**
Frequency: Q4H
For: 24 Hours
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 administ
e
r the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile

Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):

Specify:

[ ] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV

Dose: **[ 0.15 mg/kg ]** [ 2 mg ] [ 4 mg ] [ 5 mg ] [ 8 mg ] [ 10 mg ]

Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]

Route: **[ intravenous ]**

Frequency: Once

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

Priority: **[ STAT ]** [ Routine ]

( ) SEVERE Penicillin Allergy (Selection Required)

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

( ) aztreonam (AZACTAM) 2 g IV + vancomycin IV (Selection Required)

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**

Route: **[ intravenous ]**

Frequency: Q8H

For: 24 Hours

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 administe

r

the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):

Specify:

[X] vancomycin (VANCOCIN) IV

Dose:

Route: **[ intravenous ]**

Frequency: **[ Once ]**

Admin Duration:

Admin Instructions: Vancomycin CAN be administered with other compatible antimicrobial agents via Y-site or through different IV sites. If antimicrobial agents are NOT compatible with Vancomycin, administer other broad spectrum agents first.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):

Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

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

Possible Cascading Questions:

If (answer is Other):

Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV
Dose: **[ 0.15 mg/kg ]** [ 2 mg ] [ 4 mg ] [ 5 mg ] [ 8 mg ] [ 10 mg ]
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: Once
Admin Instructions: Administer 15-20 minutes before 1st dose of antibiotics.
Priority: **[ STAT ]** [ Routine ]

( ) SEVERE Vancomycin Allergy (Selection Required)
( ) ceFEPime IV or meropenem (MERREM) IV + linezolid (ZYVOX) IV - For Patients LESS than 50 years old (Selection Required)
[X] ceFEPime IV or meropenem (MERREM) IV (Selection Required)
( ) ceFEPime (MAXIPIME) IV (Selection Required)
ceFEPime (MAXIPIME) IV
Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:
If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:
If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

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

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

( ) meropenem (MERREM) IV (Selection Required)

meropenem (MERREM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ] [ Q24H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:

If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

Followed by

meropenem (MERREM) IV

Dose: [ 500 mg ] **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] [ Q6H ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):

Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

( ) ceFEPime IV or meropenem (MERREM) IV + linezolid (ZYVOX) IV - For Patients GREATER than 50 years old (Selection Required)

[X] ceFEPime IV or meropenem (MERREM) IV (Selection Required)

( ) ceFEPime (MAXIPIME) IV (Selection Required)

ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

Followed by

ceFEPime (MAXIPIME) IV

Dose: [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

( ) meropenem (MERREM) IV (Selection Required)

meropenem (MERREM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Q6H ] [ Q8H ] [ Q12H ] [ Q24H ]
Admin Duration: **[ 30 Minutes ]**
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 administe
r

the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

Followed by

meropenem (MERREM) IV

Dose: [ 500 mg ] **[ 1 g ]** [ 2 g ]
Route: **[ intravenous ]**
Frequency: [ Once ] [ Q6H ] **[ Q8H ]** [ Q12H ] [ Q24H ]
Starting: 3 Hours after signing
For: 24 Hours
Admin Duration: **[ 3 Hours ]**
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 administe
r
the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.

Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

## [X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:

If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[X] ampicillin IV

Dose: 2 g
Route: **[ intravenous ]**
Frequency: Q4H
For: 24 Hours
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 administ
e
r the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) SEVERE Penicillin and Vancomycin Allergy (Selection Required)

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 (Selection Required)

[X] aztreonam (AZACTAM) IV

Dose: [ 500 mg ] [ 1 g ] **[ 2 g ]**
Route: **[ intravenous ]**
Frequency: Q8H
For: 24 Hours
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
f
irst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] linezolid in dextrose 5% (ZYVOX) IVPB

Dose: 600 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q12H ]**
For: 24 Hours
Admin Duration: **[ 60 Minutes ]** [ 120 Minutes ]
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.
Priority: **[ STAT ]** [ Routine ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] **[ CNS ]** [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] [ Other ]
Recommendation: **[ CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control ]**

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

[ ] Chorioamnionitis, Post-partum endometritis, Postabortal infection Antibiotic Treatment (Selection Required)

(X) Preferred treatment or for penicillin-allergic patients (Selection Required)

[X] cefTRIAxone (ROCEPHIN) IV (Selection Required)

cefTRIAxone (ROCEPHIN) IV

Dose: 1 g
Route: **[ intravenous ]**
Frequency: Q24H
Admin Duration: **[ 30 Minutes ]**
Admin Instructions:
Priority: [ Routine ] **[ STAT ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] **[ Other ]**

Specify: Chorioamnionitis/Endometritis/Postabortal infection

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bloodstream):
Recommendation:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT):
Recommendation:
If (answer is Febrile Neutropenia):
Recommendation:
If (answer is Intra-abdominal):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis):
Recommendation:
If (answer is SSTI):
Recommendation:
If (answer is Uro/Genital):
Recommendation:
If (answer is Vascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:

And

sodium chloride 0.9 % bolus

Dose: **[ 62.5 mL ]** [ 500 mL ] [ 1,000 mL ]
Route: **[ intravenous ]**
Frequency: **[ Q24H ]** [ Once ]
Admin Duration: 30 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.
Priority: **[ STAT ]** [ Routine ]

[X] metronidazole (FLAGYL)

Dose: 500 mg
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q8H ]** [ Q12H ]
Admin Duration:
Admin Instructions:
Priority: **[ STAT ]** [ Routine ]

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [ Call me before conversion to PO ]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-Abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ C.difficile ] **[ Other ]**
Specify: Chorioamnionitis/Endometritis/Postabortal infection

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] azithromycin (ZITHROMAX) tablet

Dose: [ 250 mg ] **[ 500 mg ]** [ 600 mg ] [ 1,000 mg ] [ 1,200 mg ]
Route: **[ oral ]**
Frequency: **[ Q24H ]** [ Daily ] [ Once ]
Admin Instructions:
Priority: **[ Routine ]**

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] **[ Other ]**
Specify: Chorioamnionitis/Endometritis/Postabortal infection

Possible Cascading Questions:

If (answer is Other):
Specify:
If (answer is Bone/Joint):
Recommendation:
If (answer is CNS):
Recommendation:
If (answer is ENT/Dental Infection):
Recommendation:
If (answer is Respiratory Tract):
Recommendation:
If (answer is Sepsis of Unknown Source):
Recommendation:
If (answer is Skin and Soft Tissue Infections):
Recommendation:
If (answer is Cardiovascular):
Recommendation:
If (answer is TB/Mycobacterial):
Recommendation:
If (answer is Nocardia):
Recommendation:
If (answer is Medical Prophylaxis):
Medical Prophylaxis:
If (answer is Surgical Prophylaxis):
Surgical Prophylaxis:

( ) Allergic to azithromycin or metronidazole (Selection Required)

[X] ampicillin-sulbactam (UNASYN) IV

Dose: **[ 3 g ]**
Route: **[ intravenous ]**
Frequency: [ Once ] **[ Q6H ]** [ Q8H ] [ Q12H ] [ Q24H ]
Admin Instructions:
Priority: [ Routine ] **[ STAT ]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. [ Contact provider before making renal dose adjustments ]

Possible Cascading Questions:

If (answer is Contact provider before making renal dose adjustments):
Contact Number:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] **[ Other ]**
Specify: Chorioamnionitis/Endometritis/Postabortal infection

Possible Cascading Questions:

If (answer is Other):
Specify:

[X] gentamicin (GARAMYCIN) IV (Selection Required)

Select one based on patient weight

( ) Pt wt < 60 kg: gentamicin (GARAMYCIN) IVPB (maximum 320 mg)

Dose: **[ 5 mg/kg ]** [ 60 mg ] [ 80 mg ] [ 100 mg ] [ 120 mg ]
Weight Type: [ Recorded ] [ Ideal ] **[ Adjusted ]** [ Order-Specific ]

Maximum dose: 320 mg
Route: **[ intravenous ]**
Frequency: **[ Q24H ]** [ Once ] [ Q8H ] [ Q12H ]
Admin Instructions:
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] **[ Other ]**
Specify: Chorioamnionitis/Endometritis/Postabortal infection

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) Pt wt = 60 - 80 kg: gentamicin (GARAMYCIN) IVPB (maximum 400 mg)

Dose: **[ 5 mg/kg ]** [ 60 mg ] [ 80 mg ] [ 100 mg ] [ 120 mg ]
Weight Type: [ Recorded ] [ Ideal ] **[ Adjusted ]** [ Order-Specific ]
Maximum dose: 400 mg
Route: **[ intravenous ]**
Frequency: **[ Q24H ]** [ Once ] [ Q8H ] [ Q12H ]
Admin Instructions:
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] **[ Other ]**
Specify: Chorioamnionitis/Endometritis/Postabortal infection

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) Pt wt > 80 kg: gentamicin (GARAMYCIN) IVPB (maximum 480 mg)

Dose: **[ 5 mg/kg ]** [ 60 mg ] [ 80 mg ] [ 100 mg ] [ 120 mg ]
Weight Type: [ Recorded ] [ Ideal ] **[ Adjusted ]** [ Order-Specific ]
Maximum dose: 480 mg
Route: **[ intravenous ]**
Frequency: **[ Q24H ]** [ Once ] [ Q8H ] [ Q12H ]
Admin Instructions:
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] **[ Other ]**
Specify: Chorioamnionitis/Endometritis/Postabortal infection

Possible Cascading Questions:

If (answer is Other):
Specify:

( ) Severely allergic to cephalosporins (Selection Required)

[X] gentamicin (GARAMYCIN) IV (Selection Required)

Select one based on patient weight

( ) Pt wt < 60 kg: gentamicin (GARAMYCIN) IVPB (maximum 320 mg)

Dose: **[ 5 mg/kg ]** [ 60 mg ] [ 80 mg ] [ 100 mg ] [ 120 mg ]
Weight Type: [ Recorded ] [ Ideal ] **[ Adjusted ]** [ Order-Specific ]
Maximum dose: 320 mg
Route: **[ intravenous ]**
Frequency: **[ Q24H ]** [ Once ] [ Q8H ] [ Q12H ]
Admin Instructions:
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:

Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile

Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] **[ Other ]**
Specify: Chorioamnionitis/Endometritis/Postabortal infection

Possible Cascading Questions:
If (answer is Other):
Specify:

( ) Pt wt = 60 - 80 kg: gentamicin (GARAMYCIN) IVPB (maximum 400 mg)
Dose: **[ 5 mg/kg ]** [ 60 mg ] [ 80 mg ] [ 100 mg ] [ 120 mg ]
Weight Type: [ Recorded ] [ Ideal ] **[ Adjusted ]** [ Order-Specific ]
Maximum dose: 400 mg
Route: **[ intravenous ]**
Frequency: **[ Q24H ]** [ Once ] [ Q8H ] [ Q12H ]
Admin Instructions:
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:
Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] **[ Other ]**
Specify: Chorioamnionitis/Endometritis/Postabortal infection

Possible Cascading Questions:
If (answer is Other):
Specify:

( ) Pt wt > 80 kg: gentamicin (GARAMYCIN) IVPB (maximum 480 mg)
Dose: **[ 5 mg/kg ]** [ 60 mg ] [ 80 mg ] [ 100 mg ] [ 120 mg ]
Weight Type: [ Recorded ] [ Ideal ] **[ Adjusted ]** [ Order-Specific ]
Maximum dose: 480 mg
Route: **[ intravenous ]**
Frequency: **[ Q24H ]** [ Once ] [ Q8H ] [ Q12H ]
Admin Instructions:
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:
Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] **[ Other ]**
Specify: Chorioamnionitis/Endometritis/Postabortal infection

Possible Cascading Questions:
If (answer is Other):
Specify:

[X] clindamycin (CLEOCIN) IV
Dose: 900 mg
Route: **[ intravenous ]**
Frequency: Q8H
Admin Duration: **[ 30 Minutes ]**
Admin Instructions:
Priority: [ Routine ] **[ STAT ]** [ Timed ]

Questions:
Indication: [ Medical Prophylaxis ] [ Surgical Prophylaxis ] [ Bloodstream ] [ Bone/Joint ] [ CNS ] [ ENT/Dental Infection ] [ Febrile Neutropenia ] [ Intra-abdominal ] [ Respiratory Tract ] [ Ophthalmic ] [ Sepsis of Unknown Source ] [ Skin and Soft Tissue Infections ] [ Uro/Genital ] [ Cardiovascular ] [ TB/Mycobacterial ] [ Nocardia ] **[ Other ]**
Specify: Chorioamnionitis/Endometritis/Postabortal infection

Possible Cascading Questions:
If (answer is Other):
Specify:

Antipyretics
[X] acetaminophen (TYLENOL) oral OR rectal
acetaminophen (TYLENOL) tablet
Dose: 650 mg
Route: **[ oral ]**

Frequency: Q6H PRN
Admin Instructions:
Priority: **[ Routine ]**

Questions:

Allowance for Patient Preference: [ If ordered as needed for pain, nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

Or

acetaminophen (TYLENOL) suppository

Dose: [ 40 mg ] [ 60 mg ] [ 80 mg ] [ 120 mg ] [ 325 mg ] **[ 650 mg ]** [ 975 mg ]
Route: **[ rectal ]**
Frequency: **[ Q6H PRN ]** [ Q4H PRN ] [ Q8H PRN ]
Admin Instructions:
Priority: **[ Routine ]**

[ ] ibuprofen (ADVIL) tablet

Dose: [ 200 mg ] **[ 400 mg ]** [ 600 mg ] [ 800 mg ]
Route: **[ oral ]**
Frequency: [ TID ] [ 4x Daily ] [ Q4H PRN ] **[ Q6H PRN ]**
Admin Instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Priority: **[ Routine ]**

Questions:

Allowance for Patient Preference: [ If ordered as needed for pain, nurse may administer for higher level of pain per patient request ] [ Do NOT allow for patient preference ]

Colloid / Albumin (for patients not responding to initial fluid resuscitation with crystalloids)

[ ] albumin human 5 % infusion

Dose: [ 12.5 g ] **[ 25 g ]**
Route: **[ intravenous ]**
Frequency: **[ Once ]**
Admin Duration: [ 15 Minutes ] [ 30 Minutes ] [ 60 Minutes ]
Admin Instructions:
Administer 500 mL intravenous once for patients not responding to initial

fluid resuscitation with crystalloids.

Priority: **[ STAT ]** [ Routine ]

Vasopressor Therapy

( ) norEPInephrine (LEVOPHED) infusion

Dose: **[ 0.5-30 mcg/min ]**
Route: **[ intravenous ]**
Frequency: **[ Titrated ]**
Admin Instructions:
Priority: **[ STAT ]** [ Routine ]

( ) epINEPHrine infusion

Dose: **[ 0.5-30 mcg/min ]**
Route: **[ intravenous ]**
Frequency: **[ Titrated ]**
Admin Instructions:
Nurse to request for next bag
Initiate at {epinephrine initial dose:41296}
Titrate to keep {Titration Parameters:41293}
{Titrate dose:41297}
Notify MD if dose exceeds 30 mcg/minute.
Priority: **[ STAT ]** [ Routine ]

Inotropic Therapy

[ ] DOButamine (DOBUTREX) infusion

Dose: **[ 0.5-20 mcg/kg/min ]** [ 2 mcg/kg/min ]
Weight Type: **[ Recorded ]** [ Ideal ] [ Adjusted ] [ Order-Specific ]
Route: **[ intravenous ]**
Frequency: **[ Titrated ]** [ Continuous ]
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.
Priority: **[ STAT ]** [ Routine ]

## 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: 100 mg
Route: **[ intravenous ]**
Frequency: **[ Once ]** [ Daily ] [ Q6H SCH ] [ Q8H SCH ] [ Q12H SCH ]
Admin Instructions:
Priority: **[ STAT ]** [ Routine ]

## Imaging

### Chest X -Ray

### [ ] Chest 1 Vw Portable

Priority: [ Routine ] **[ STAT ]**
Frequency: **[ Once ]**
Starting: Today, At: 0100
Reason for Exam: [ ICU pt, recent tube or catheter insert ] [ ICU pt, recent chest tube removal ] [ ICU pt, stable with no clinical status changes ] [ ICU pt, unstable or clinical worsening ] [ PICC Line Verification ] [ Umbilical Line Verification ] [ Chest tube Verification ] [ Endotracheal Tube Verification ]
Reason for Exam (Free Text): Pneumonia
Modifiers:
Order comments:

#### Questions:

If Female and 10 years - 60 years old:
Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

#### Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):
Reason for preventing immediate release:
Additional details for preventing immediate release:

### [ ] Chest 2 Vw

Priority: [ Routine ] **[ STAT ]**
Frequency: **[ Once ]**
Starting: Today, At: 0100
Reason for Exam: [ Cough, persistent ] [ Testicular cancer, pure seminoma, stage IIA/non-bulky IIB, monitor, post RT or chemotherapy, no residual mass or mass < 3 cm and normal tumor markers ] [ Testicular cancer, pure seminoma, stage bulky IIB/bulky IIC/III, monitor, post chemotherapy, no residual mass or mass <= 3 cm and normal tumor markers ] [ Ovarian cancer, malignant sex cord-stromal tumor, diagnosis by previous surg or tissue bx, eval ] [ Difficulty eating or feeling full quickly, ovarian/fallopian/peritoneal cancer suspected ] [ Chest pain or SOB, pleurisy or effusion suspected ] [ Neoplasm: parotid/salivary, staging ] [ Non-small cell lung cancer, stage (T1a/b, T2a, N0 - peripheral), pre-treatment eval ] [ Neoplasm: prostate, suspected ] [ Neoplasm: renal/ureteral, rx monitor or follow up ] [ Mediastinal mass ] [ Neoplasm: liver/biliary, recurrence, suspected/known ] [ Neoplasm: colorectal, recurrence, suspected/known ] [ Neoplasm: extremity, cutaneous, rx monitor or follow up ] [ Mesothelioma, surgical eval ] [ Non-small cell lung cancer, lung nodule, incidental, mult subsolid, dominant nodule w/ part-solid or solid component, follow up ] [ CNS multiple (>3) metastatic lesions on CT/MRI, no known hx of cancer, initial workup ] [ Melanoma, monitor ] [ Neoplasm: thyroid, recurrence, suspected/known ] [ Thymic carcinoma, monitor, R0 resection, no capsular invasion ] [ Neoplasm: abdomen, heme/lymphatic, suspected ] [ Testicular cancer, seminoma, monitor ] [ Neoplasm: testicular, recurrence, suspected/known ] [ Neoplasm: abdomen, other primary, staging ] [ Systemic light chain amyloidosis, initial workup ] [ Ovarian cancer, borderline epithelial tumor (low malignant potential), monitor, w/wo complete surgical staging, post adjuvant treatment ] [ Cervix cancer, <4 cm FIGO 1b1 ] [ Neoplasm: testicular, staging ] [ Bladder cancer, invasive, staging/additional workup ] [ Hürthle cell thyroid carcinoma, monitor, no evidence of disease, I131 ablation with a neg US, stimulated Tg < 2ng/ml (neg antithyroglobulin antibodies), and neg RAI imaging (if performed) ] [ Chordoma, post tx, follow up ] [ Mesothelioma, assess treatment response ] [ Non-small cell lung cancer, lung nodule, incidental, solid, 6-8 mm, low risk, stable on last CT, follow up ] [ Pleural effusion, malignancy suspected ] [ Neoplasm: ovarian, rx monitor or follow up ] [ Pneumothorax ] [ Neoplasm: breast, staging ] [ Non-small cell lung cancer, stage IIA/B/IIIA (T1a-T3/N0-1), pre-treatment eval ] [ Vulvar cancer (squamous cell), locally advanced, larger T2 or T3, eval ] [ Neoplasm: head/neck, staging ] [ Neoplasm: endometrial, recurrence, suspected/known ] [ Lung nodule, < 6mm, low cancer risk ] [ Lung cancer screen, asymptomatic, smoker hx w/in last 15 yrs (min. 30 pack-yrs) ] [ Non-small cell lung cancer, lung nodule, incidental, solitary pure ground-glass, < 5 mm, follow up ] [ Neoplasm: abdomen, metastatic, recurrence, suspected/known ] [ Neoplasm: abdomen, metastatic, suspected ] [ Neoplasm: pelvic, other primary, suspected ] [ Neoplasm: pelvic, heme/lymphatic, recurrence, suspected/known ] [ Neoplasm: head/neck, rx monitor or follow up ] [ Ovarian cancer, malignant germ cell tumor, diagnosis by previous surg or tissue bx, eval ] [ Papillary thyroid carcinoma, monitor, no evidence of disease, I131 ablation with a neg US, stimulated Tg < 2ng/ml (neg antithyroglobulin antibodies), and neg RAI imaging (if performed) ] [ Non-small cell lung cancer (NSCLC), non-metastatic, assess treatment response ] [ Neoplasm: cervix, rx monitor or follow up ] [ Neoplasm: MSK primary, osteosarcoma ] [ Cough, persistent (Ped 0-17y) ] [ Ovarian cancer, borderline epithelial tumors (low malignant potential), diagnosis by previous surg or tissue bx, eval ] [ Neoplasm: colorectal, staging ] [ Chest trauma, blunt (Ped 0-17y) ] [ Testicular cancer, nonseminoma, stage IB, monitor, active surveillance ] [ Head/neck cancer, lung met screen ] [ Abdominal trauma, blunt (Ped 0-17y) ] [ Ovarian cancer, grade 1 serous/endometrioid epithelial carcinoma, diagnosis by previous surg or tissue bx, eval ] [ Abdominal trauma, gross hematuria ] [ Bladder cancer, invasive, treated, follow up ] [ Chest trauma, penetrating ] [ Bladder cancer, non-invasive, treated, no risk factors, follow up ] [ Lung cancer screen, asymptomatic, current smoker (min. 30 pack-yrs) ] [ Epithelial ovarian/fallopian tube/primary peritoneal cancer, stage I-IV, monitor, post primary tx with complete response ] [ Lung nodule, 6-8mm ] [ Neoplasm: abdomen, metastatic, rx monitor or follow up ] [ Testicular cancer, nonseminoma, monitor ] [ Osteosarcoma, initial workup ] [ Neoplasm: extremity, metastatic, rx monitor or follow up ] [ Neoplasm:

abdomen, heme/lymphatic, staging ] [ Neoplasm: renal/ureteral, recurrence, suspected/known ] [ Neoplasm: pelvis, metastatic, suspected/known ] [ Testicular cancer, post orchiectomy, staging ] [ Vulvar cancer (squamous cell), initial workup ] [ Hodgkin lymphoma, classic, initial workup ] [ Abnormal xray - pleural effusion ] [ Neoplasm: renal/ureteral, staging ] [ Neoplasm: head/neck, suspected ] [ Thymoma or thymic carcinoma ] [ Osteosarcoma suspected, symptomatic bone lesion, abn xray, eval ] [ Neoplasm: extremity, metastatic, staging ] [ Follicular thyroid carcinoma, monitor, no evidence of disease, I131 ablation with a neg US, stimulated Tg < 2ng/ml (neg antithyroglobulin antibodies), and neg RAI imaging (if performed) ] [ Routine CXR outpatient, unstable chronic cardiopulmonary disease suspected ] [ MSK neoplasm, low grade, r/o lung mets, baseline exam ] [ Bladder cancer, invasive, untreated, staging ] [ Neoplasm: esophagus, rx monitor or follow up ] [ Neoplasm: endometrial, staging ] [ Cervix cancer, >4 cm, FIGO 1b2 ] [ Neoplasm: colorectal, rx monitor or follow up ] [ Small cell lung cancer (SCLC), staging ] [ Neoplasm: abdomen, other primary, rx monitor or follow up ] [ Non-small cell lung cancer, lung nodule, incidental, solitary part-solid, persistent/solid component < 5 mm, follow up ] [ Routine CXR admission, acute cardiopulmonary disease suspected ] [ Endometrial carcinoma, extrauterine disease suspected ] [ Prostate cancer, clinical stage T1-2 NX or N0, life exp > 10 yrs, PSA < 10 ng/mL, neg for distant mets, RT recurrence, biochemical failure or positive DRE, post tx, assess tx response ] [ Ovarian cancer, carcinosarcoma (malignant mixed müllerian tumor), stage IA/IB/IC/II/III/IV, monitor, post chemotherapy/adjuvant tx ] [ Neoplasm: bladder, recurrence, suspected/known ] [ Ped, abd trauma, blunt, unstable ] [ Neoplasm: esophagus, staging ] [ Neoplasm: mesothelioma ] [ Neoplasm: pelvic, heme/lymphatic, staging ] [ Acute lymphoblastic leukemia, mediastinal disease, assess tx response ] [ Neoplasm: breast, rx monitor or follow up ] [ Testicular cancer, nonseminoma, stage II/III, monitor, post complete response to chemotherapy ] [ Neoplasm: breast, recurrence, suspected/known ] [ Neoplasm: thyroid, rx monitor or follow up ] [ Non-small cell lung cancer, stage IIIA (T4 extension), post preop concurrent chemoradiation, re-eval for surg ] [ Bladder cancer, monitor, invasive or metastatic disease treated with curative intent, post cystectomy ] [ Acute lymphoblastic leukemia, initial workup ] [ Pancreatic adenocarcinoma, no mass in prior imaging, no known mets ] [ Hodgkin lymphoma, NLPHL, monitor (+5 yrs), post tx ] [ Non-small cell lung cancer, lung nodule, incidental, solid, 6-8 mm, high risk, stable on last CT, follow up ] [ Prostate cancer, advanced disease, progressive castration-naïve disease, post systemic therapy, assess tx response ] [ Neoplasm: extremity, MSK, recurrence, suspected/known ] [ Chest pain, normal ekg ] [ Neoplasm: testicular, suspected ] [ Papillary thyroid carcinoma, monitor, recurrent disease, stimulated Tg 1-10 ng/mL, non-resectable tumors, non-radioiodine responsive, post levothyroxine ] [ Endometrial cancer, tx planning ] [ Non-small cell lung cancer, stage (T2b-T3, N0-1), pre-treatment eval ] [ Phyllodes tumor removed, recurrent breast mass, eval ] [ Giant cell tumor of the bone, local recurrence, resectable, eval ] [ Neoplasm: esophagus, suspected ] [ Endometrial carcinoma, initial workup ] [ Neoplasm: pelvis, primary, suspected ] [ Penile cancer, intermediate/high risk, non-palpable inguinal lymph nodes, staging ] [ Neoplasm: uterine, staging ] [ Thymic carcinoma, monitor, R1 or R2 resection, post tx ] [ Neoplasm: abdomen, heme/lymphatic, rx monitor or follow up ] [ Abd distension, ovarian/fallopian/peritoneal cancer suspected ] [ Bladder cancer, monitor, non-invasive, high risk, post secondary surgical tx and/or adjuvant intravesical tx ] [ Hodgkin lymphoma, NLPHL, initial workup ] [ Non-small cell lung cancer, stage IIB/IIIA/IV, separate pulmonary nodules, pre-treatment eval ] [ Neoplasm: pelvic, heme/lymphatic, rx monitor or follow up ] [ Bladder cancer, invasive, post primary eval/surgical tx, staging/additional workup ] [ Non-small cell lung cancer, lung nodule, incidental, mult subsolid, pure ground glass, > 5 mm, w/o dominant lesion, follow up ] [ Neoplasm: bladder, staging ] [ Neoplasm: pancreas, staging ] [ Thymic carcinoma, monitor, R0 resection, capsular invasion, post consideration of RT ] [ Urethral cancer suspected, initial workup ] [ Pancreatic adenocarcinoma, mass in prior imaging, no known mets ] [ Non-small cell lung cancer, lung nodule, incidental, solid, 4-6 mm, high risk, follow up ] [ Thymoma, monitor, R1 or R2 resection, post tx ] [ Neoplasm: extremity, cutaneous, suspected ] [ Routine CXR pre-op, acute cardiopulmonary disease suspected ] [ Urothelial carcinoma of prostate, monitor, post biopsy, ductal + acini or prostatic urethra, post TURP and BCG ] [ Renal cell cancer, treated, asymptomatic, no known mets, follow up ] [ Hürthle cell thyroid carcinoma, monitor, recurrent disease, stimulated Tg 1-10 ng/mL, non-resectable tumors, non-radioiodine responsive, post levothyroxine ] [ Routine CXR pre-op, high-risk surgery ] [ Acute resp illness, > 40 years old ] [ Neoplasm: abdomen, heme/lymphatic, recurrence, suspected/known ] [ Testicular cancer, pure seminoma, AFP neg, may have elev beta-hCG, staging ] [ Neoplasm: liver/biliary, staging ] [ Breast cancer, stage I, asymptomatic, r/o thoracic mets ] [ Cervical cancer, stage IA1/IA2/IB1, fertility sparing, initial eval ] [ Abd trauma, blunt, unstable ] [ Shortness of breath ] [ Thymoma, monitor, R0 resection, capsular invasion, post consideration of RT ] [ Neoplasm: abdomen, other primary, suspected ] [ Penile cancer, metastatic, post tx, assess tx response ] [ Osteosarcoma, post tx, follow up ] [ Hodgkin lymphoma, classical, positive re-biopsy, staging ] [ Soft tissue sarcoma, extremity or superficial trunk or head/neck, stage IIA/IIB/III, resectable with acceptable outcomes, post primary tx and surg, follow up ] [ Cervix cancer, FIGO >1b ] [ Neoplasm: extremity, other primary, staging ] [ Thymoma, monitor, R0 resection, no capsular invasion ] [ MSK neoplasm, high grade, treated, r/o lung mets, 3-6mo follow up ] [ Neoplasm: pelvic, other primary, staging ] [ Neoplasm: cervix, recurrence, suspected/known ] [ Kidney cancer, stage I, active surveillance, follow up ] [ Ascites, ovarian/fallopian/peritoneal cancer suspected ] [ Neoplasm: lymphoma ] [ Chest pain, ACS suspected ] [ Neoplasm: pelvis, primary, rx monitor or follow up ] [ Vulvar cancer (squamous cell), recurrence/mets suspected, follow up ] [ Pneumothorax suspected ] [ Vulvar cancer (squamous cell), documented recurrence, eval ] [ MSK neoplasm, high grade, r/o lung mets, baseline exam ] [ Non-small cell lung cancer, lung nodule, incidental, solid, 6-8 mm, low risk, follow up ] [ Testicular cancer, nonseminoma, stage IA, monitor, active surveillance ] [ Kidney cancer, stage I, post ablative tx, follow up ] [ Ovarian cancer, malignant germ cell tumor, incompletely surgically staged, monitor, post surg, dysgerminoma/immature teratoma (grade 1), neg imaging and positive tumor markers ] [ Bladder cancer, noninvasive, monitor ] [ Non-small cell lung cancer, stage IIIA (T1-3, N2), pre-treatment eval ] [ Neoplasm: pelvis, primary, staging ] [ Chordoma suspected, symptomatic bone lesion, abn xray, eval ] [ Non-small cell lung cancer, stage (T1-3, N0-1), known thoracic disease, therapy feasible, pre-treatment eval ] [ Chondrosarcoma, high grade (II and III) or clear cell or extracompartmental, post tx, follow up ] [ Bone/soft-tissue sarcoma, lung met screen ] [ Neoplasm: bladder, rx monitor or follow up ] [ Renal cell cancer, staging ] [ Routine CXR outpatient, acute cardiopulmonary disease suspected ] [ Soft tissue sarcoma, retroperitoneal/intra-abdominal, resectable disease, R0-R2, post-operative tx, follow up ] [ Neoplasm: liver/biliary, suspected ] [ Neoplasm: extremity, metastatic, recurrence, suspected/known ] [ Soft tissue sarcoma, extremity or superficial trunk or head/neck, stage IA/IB, post surg, follow up ] [ Neoplasm: extremity, MSK, staging ] [ Neoplasm: uterine, rx monitor or follow up ] [ Cervical cancer, stage IIA1/IIA2/IIB/III/IVA, initial eval ] [ Routine CXR admission, unstable chronic cardiopulmonary disease suspected ] [ Giant cell tumor of the bone, post primary tx, follow up ] [ Lung nodule, > 8mm ] [ Neoplasm: parotid/salivary, recurrence, suspected/known ] [ Prostate cancer, clinical stage T1-2 NX or N0, life exp > 10 yrs, PSA < 10 ng/mL, neg for distant mets, RT recurrence, biochemical failure or positive DRE, post tx, staging ] [ Lung nodule, < 6mm, high cancer risk ] [ Fatigue and malaise ] [ Acute lymphoblastic leukemia, monitor ] [ Urothelial carcinoma of prostate, post biopsy, ductal + acini, staging ] [ Kidney cancer, staging ] [ Neoplasm: pancreas, suspected ] [ Soft tissue sarcoma, extremity or superficial trunk or head/neck, stage IV, post primary tx, follow up ] [ Ovarian cancer, grade 1 serous/endometrioid epithelial carcinoma, stage IA/IB/IC/II/III/IV, monitor, post chemotherapy or adjuvant tx ] [ Non-small cell lung cancer, local recurrence, assess treatment response ] [ Giant cell tumor of the bone suspected, symptomatic bone lesion, abn xray, eval ] [ Penile cancer, enlarged nodes, positive bx, potentially resectable, post neoadjuvant chemotherapy, assess tx response ] [ Ovarian cancer, clear cell carcinoma, diagnosis by previous surg or tissue bx, eval ] [ Routine CXR pre-op, no clinical concern from hx and physical ] [ Endometrial cancer, recurrence suspected ] [ Neoplasm: abdomen, metastatic, staging ] [ Pelvic or low abd pain, ovarian/fallopian/peritoneal cancer suspected ] [ Urethral cancer (non-prostatic), T2-4, monitor, post tx ] [ Thymic carcinoma, metastatic (local/solitary/ipsilateral pleural), post chemo, follow up ] [ Ovarian cancer, mucinous carcinoma, monitor, post chemotherapy/adjuvant tx ] [ Ovarian cancer, carcinosarcoma (malignant mixed müllerian tumor), diagnosis by previous surg or tissue bx, eval ] [ Shortness of breath (Ped 0-17y) ] [ Testicular cancer, nonseminoma, stage IIA/IIB, monitor, post primary RPLND ] [ Prostate cancer, post radical prostatectomy and biochemical failure, PSA persistence/recurrence, assess tx response ] [ Neoplasm: thyroid, suspected ] [ Neoplasm: abdomen, other primary, recurrence, suspected/known ] [ Testicular cancer, pure seminoma, stage I, monitor, post adjuvant tx ] [ Neoplasm: pelvis, primary, recurrence, suspected/known ] [ Cervical cancer, stage IB2, primary surg tx, para-aortic lymph node positive, eval ] [ Ureteral cancer, staging ] [ Lung nodules, multiple ] [ Non-small cell lung cancer, lung nodule, incidental, solid, 4-6 mm, high risk, stable on last CT, follow up ] [ Neoplasm: extremity, cutaneous, staging ] [ Small cell lung cancer (SCLC), assess treatment response ] [ Palpable pelvic mass, ovarian/fallopian/peritoneal cancer suspected ] [ Neoplasm: extremity, other primary, recurrence, suspected/known ] [ Neoplasm: extremity, other primary, rx monitor or follow up ] [ Non-small cell lung cancer (NSCLC), monitor ] [ Cervical cancer, stage IB2, non-fertility sparing, initial eval ] [ Ewing sarcoma suspected,

symptomatic bone lesion, abn xray, eval ] [ Non-small cell lung cancer, hx of lung cancer, multiple lung cancers suspected ] [ Abdominal trauma ] [ Vulvar cancer (squamous cell), locally advanced/positive node, follow up ] [ Kidney cancer, stage II, post radical nephrectomy, follow up ] [ Neoplasm: testicular, rx monitor or follow up ] [ Lung cancer screen, asymptomatic, smoker hx or current (less than 30 pack-yrs) ] [ Chondrosarcoma suspected, symptomatic bone lesion, abn xray, eval ] [ Neoplasm: head/neck, recurrence, suspected/known ] [ Bladder cancer, non-invasive, treated, positive risk factors, follow up ] [ Giant cell tumor of the bone, initial workup ] [ Routine CXR pre-op, unreliable hx and physical ] [ Urothelial carcinoma of prostate, post biopsy, stromal invasion, staging ] [ Routine CXR admission, no clinical concern from hx and physical ] [ Soft tissue sarcoma suspected, extremity or superficial trunk or head/neck, lesion likely malignant, initial workup ] [ Mesothelioma, staging ] [ MSK neoplasm, low grade, treated, r/o lung mets, 3-6mo follow up ] [ Cough, new onset ] [ Non-small cell lung cancer, pathologic dx, staging ] [ Neoplasm: extremity, cutaneous, recurrence, suspected/known ] [ Non-small cell lung cancer, stage IIB/IIIA (T3 invasion or T4 extension), pre-treatment eval ] [ Ovarian cancer, mucinous carcinoma, diagnosis by previous surg or tissue bx, eval ] [ Pancreatic adenocarcinoma, borderline resectable, no mets, bx positive, post neoadjuvant tx, assess tx response ] [ Non-small cell lung cancer, stage (T2a/b, N0 - central), pre-treatment eval ] [ Routine CXR pre-op, > 70 yrs ] [ Chest pain, ECG positive for STEMI ] [ Non-small cell lung cancer, NED, stage III, follow up ] [ Chest pain, nonspecific ] [ Neoplasm: extremity, metastatic, suspected ] [ Neoplasm: gastric, staging ] [ Neoplasm: pelvic, heme/lymphatic, suspected ] [ Neoplasm: extra-abdominal primary ] [ Routine CXR pre-op, unstable chronic cardiopulmonary disease suspected ] [ Neoplasm: gastric, recurrence, suspected/known ] [ Ovarian cancer, malignant germ cell tumor, stage I-IV, monitor ] [ Non-small cell lung cancer, NED, stage I/II, primary tx (surg +/- chemo), follow up ] [ Neoplasm: pancreas, rx monitor or follow up ] [ Hodgkin lymphoma, NLPHL, monitor (1-5 yrs), post tx ] [ Ureteral cancer, monitor ] [ Neoplasm: thyroid, staging ] [ Testicular cancer, lung met screen ] [ Ovarian cancer, clear cell carcinoma, stage I-IV, monitor, post chemotherapy/adjuvant tx ] [ Cervical cancer, stage IIA1/IIA2, primary surg tx, para-aortic lymph node positive, eval ] [ Bladder cancer, monitor, recurrent or persistent, post cystectomy ] [ Endometrial carcinoma, stage IB/II/III/IV, post surgically staged, eval ] [ Epithelial ovarian/fallopian tube/primary peritoneal cancer, diagnosis by previous surg or tissue bx, eval ] [ Chest trauma, aortic injury suspected ] [ Kidney cancer, stage I, post partial nephrectomy, follow up ] [ Kidney cancer, stage III, post radical nephrectomy, follow up ] [ Chondrosarcoma, low grade and intracompartmental, post tx, follow up ] [ Non-small cell lung cancer (NSCLC), staging ] [ Urinary symptoms, ovarian/fallopian/peritoneal cancer suspected ] [ Testicular cancer, pure seminoma, stage bulky IIB/bulky IIC/III, monitor, post chemotherapy, PET-neg residual mass measuring > 3 cm ] [ Non-small cell lung cancer, stage IIIB/IV/M1b (T1-4, N2-3), pre-treatment eval ] [ Soft tissue sarcoma, (GIST), initial workup ] [ Penile cancer, N2/N3 disease, monitor, lymph node involvement ] [ Non-small cell lung cancer, lung nodule, incidental, solid, 4-6 mm, low risk, follow up ] [ Neoplasm: extremity, other primary, suspected ] [ Kidney cancer, stage I, post radical nephrectomy, follow up ] [ Chest wall pain ] [ Prostate cancer, advanced disease, neg for distant mets, post systemic therapy for M0 CRPC, PSA is rising, staging ] [ Prostate cancer, advanced disease, CRPC, metastatic, post systemic therapy, assess tx response ] [ Chest trauma, mod-severe ] [ Non-small cell lung cancer, lung nodule, incidental, solitary pure ground-glass, >= 5 mm, follow up ] [ Neoplasm: uterine, recurrence, suspected/known ] [ Neoplasm: cervix, staging ] [ Bladder cancer, invasive, monitor ] [ Neoplasm: gastric, rx monitor or follow up ] [ Neoplasm: prostate, staging ] [ Renal cell cancer, lung met screen ] [ Neoplasm: pancreas, recurrence, suspected/known ] [ Prostate cancer, post radical prostatectomy and biochemical failure, PSA persistence/recurrence, staging ] [ Neoplasm: neck, metastatic, suspected/known ] [ Non-small cell lung cancer, NED, stage IV (oligometastatic w/ all sites tx with definitive intent), follow up ] [ Cervical cancer, stage IA1/IA2/IB1, non-fertility sparing, initial eval ] [ Rib fracture suspected, traumatic ] [ Testicular cancer, nonseminoma, stage IIA/IIB, post primary chemotherapy, assess tx response ] [ Vulvar cancer (squamous cell), >=T2 tumor or mets suspected, initial workup ] [ Neoplasm: parotid/salivary, rx monitor or follow up ] [ Non-small cell lung cancer, bx proven synchronous lesions, multiple lung cancers suspected ] [ Lung nodule, > 8mm ] [ CNS limited (1-3) metastatic lesions on MRI, no known hx of cancer, initial workup ] [ Penile cancer, palpable inguinal lymph nodes, staging ] [ Testicular cancer, nonseminoma, stage IIA/IIB, monitor, post primary RPLND and adjuvant chemotherapy ] [ Neoplasm: esophagus, recurrence, suspected/known ]

Reason for Exam (Free Text): Pneumonia

Modifiers:

Order comments:

Questions:

If Female and 10 years - 60 years old:

Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):

Reason for preventing immediate release:

Additional details for preventing immediate release:

## CT

### [ ] CT Head Wo Contrast

Priority: [ Routine ] **[ STAT ]**

Frequency: **[ Once ]**

Starting: Today, At: 0100

Reason for Exam: [ Meningitis/CNS infection suspected ] [ Traumatic brain injury (TBI), subacute, clinical status change (Ped 0-17y) ] [ Headache, infection-related (Ped 0-17y) ] [ Meningioma ] [ Headache, chronic, new features or increased frequency ] [ Traumatic brain injury (TBI), chronic, clinical status change (Ped 0-17y) ] [ Hydrocephalus (Ped < 3mo) ] [ Head trauma, intracranial arterial injury suspected ] [ Head trauma, minor (Age >= 65y) ] [ Head/neck cancer, staging ] [ Head trauma, altered mental status (Ped 0-17y) ] [ Memory loss ] [ Seizure, generalized, normal neuro exam (Ped 0-17y) ] [ Head trauma, skull fracture or hematoma (Age 18-64y) ] [ Non-small cell lung cancer (NSCLC), staging ] [ Headache, sudden, severe (Ped 0-17y) ] [ Head trauma, signs of skull fracture (Ped 0-17y) ] [ Headache, new or worsening, neuro deficit (Age 18-49y) ] [ Non-small cell lung cancer (NSCLC), metastatic, assess treatment response ] [ Small cell lung cancer (SCLC), monitor ] [ Hydrocephalus (Ped >= 3mo) ] [ Seizure, new-onset, no history of trauma ] [ Head trauma, GCS<=14 (Ped 0-17y) ] [ Seizure, generalized, abnormal neuro exam (Ped 0-17y) ] [ Head trauma, penetrating ] [ Meningitis (Ped 0-17y) ] [ Syncope/presyncope, cerebrovascular cause suspected ] [ Head trauma, GCS=15, scalp hematoma (Ped 0-1y) ] [ Stroke, follow up ] [ Head trauma, focal neuro findings (Age 18-64y) ] [ Headache, secondary (Ped 0-17y) ] [ Brain/CNS neoplasm, monitor ] [ Headache, new or worsening (Age >= 50y) ] [ Stroke suspected (Ped 0-17y) ] [ Mental status change, unknown cause ] [ Head trauma, repeat vomiting (Age 18-64y) ] [ Orbital trauma ] [ Brain/CNS neoplasm, staging ] [ Head/neck cancer, monitor ] [ Head trauma, GCS=15, vomiting (Ped 2-17y) ] [ Small cell lung cancer (SCLC), staging ] [ Head trauma, GCS=15, no focal neuro findings (low risk) (Ped 0-17y) ] [ Brain metastases suspected ] [ Head trauma, intracranial venous injury suspected ] [ Subarachnoid hemorrhage (SAH) ] [ Brain metastases, assess treatment response ] [ Seizure, post traumatic (Ped 0-17y) ] [ Transient ischemic attack (TIA) ] [ Head trauma, abnormal mental status (Age 18-64y) ] [ Metastatic disease evaluation ] [ Headache, sudden, severe ] [ Head trauma, GCS=15, loss of consciousness (LOC) (Ped 0-17y) ] [ Seizure, focal (Ped 0-17y) ] [ Polytrauma, blunt ] [ Head trauma, GCS=15, severe headache (Ped 2-17y) ] [ Head trauma, moderate-severe ] [ ICP elevation suspected, acute (Ped >= 3mo) ] [ Neuro deficit, acute, stroke suspected ]

Modifiers:
Order comments:

Questions:

Does this require fiducials? [ Yes ] [ No ]
If Female and 10 years - 60 years old:
Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):
Reason for preventing immediate release:
Additional details for preventing immediate release:

[ ] CT Abdomen Pelvis Wo Contrast

Priority: [ Routine ] **[ STAT ]**
Frequency: **[ Once ]**
Starting: Today, At: 0100
Reason for Exam: [ Sepsis ] [ Prostate cancer, assess treatment response ] [ Intra-abdominal infection/peritonitis (Ped 0-17y) ] [ Polytrauma, blunt, pregnant ] [ Appendicitis suspected, US nondiagnostic (Ped 0-17y) ] [ Pancreatitis, acute, severe (Ped 0-17y) ] [ Abdominal trauma, blunt, urologic injury suspected ] [ Non-accidental trauma suspected, trunk injury suspected (Ped 0-17y) ] [ Abdominal trauma, penetrating ] [ Peritonitis or perforation suspected ] [ Crohn's exacerbation ] [ Non-small cell lung cancer (NSCLC), staging ] [ Kidney cancer, post nephrectomy, monitor ] [ Bowel obstruction suspected ] [ Kidney cancer, active surveillance ] [ UTI, complicated (Ped 0-17y) ] [ Diverticulitis, complication suspected ] [ LLQ abdominal pain ] [ Bowel obstruction suspected (Ped 5-17y) ] [ Hematuria, history of trauma (Ped 0-17y) ] [ RLQ abdominal pain ] [ Abdominal pain, acute (Ped 0-17y) ] [ Abdominal pain, acute, nonlocalized ] [ Abdominal trauma, penetrating (Ped 0-17y) ] [ Lower GI bleed (Ped 0-17y) ] [ Kidney cancer, post ablation, monitor ] [ Abdominal mass, palpable (Ped 0-17y) ] [ Colon cancer, staging ] [ Small cell lung cancer (SCLC), staging ] [ Abdominal trauma, blunt ] [ Abdominal/flank pain, stone suspected ] [ Hepatocellular carcinoma, staging ] [ UTI, recurrent/complicated (Female) ] [ Hepatocellular carcinoma, assess treatment response ] [ Abdominal pain, post-op ] [ Kidney cancer, staging ] [ Lymphadenopathy, groin ] [ Vomiting, nonbilious (Ped 1-17y) ] [ Prostate cancer, intermediate risk, staging ] [ Prostate cancer, high risk, staging ] [ Metastatic disease evaluation ] [ Abdominal trauma, blunt (Ped 0-17y) ] [ Pancreatitis, acute, severe ] [ Diarrhea (Ped 0-17y) ]
Modifiers:
Order comments:
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.

Questions:

If Female and 10 years - 60 years old:
Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):
Reason for preventing immediate release:
Additional details for preventing immediate release:

[ ] CT Abdomen Pelvis W Contrast

Priority: [ Routine ] **[ STAT ]**
Frequency: **[ Once ]**
Starting: Today, At: 0100
Reason for Exam: [ Sepsis ] [ Prostate cancer, assess treatment response ] [ Intra-abdominal infection/peritonitis (Ped 0-17y) ] [ Polytrauma, blunt, pregnant ] [ Appendicitis suspected, US nondiagnostic (Ped 0-17y) ] [ Pancreatitis, acute, severe (Ped 0-17y) ] [ Abdominal trauma, blunt, urologic injury suspected ] [ Non-accidental trauma suspected, trunk injury suspected (Ped 0-17y) ] [ Abdominal trauma, penetrating ] [ Peritonitis or perforation suspected ] [ Crohn's exacerbation ] [ Non-small cell lung cancer (NSCLC), staging ] [ Kidney cancer, post nephrectomy, monitor ] [ Bowel obstruction suspected ] [ Kidney cancer, active surveillance ] [ UTI, complicated (Ped 0-17y) ] [ Diverticulitis, complication suspected ] [ LLQ abdominal pain ] [ Bowel obstruction suspected (Ped 5-17y) ] [ Hematuria, history of trauma (Ped 0-17y) ] [ RLQ abdominal pain ] [ Abdominal pain, acute (Ped 0-17y) ] [ Abdominal pain, acute, nonlocalized ] [ Abdominal trauma, penetrating (Ped 0-17y) ] [ Lower GI bleed (Ped 0-17y) ] [ Kidney cancer, post ablation, monitor ] [ Abdominal mass, palpable (Ped 0-17y) ] [ Colon cancer, staging ] [ Small cell lung cancer (SCLC), staging ] [ Abdominal trauma, blunt ] [ Abdominal/flank pain, stone suspected ] [ Hepatocellular carcinoma, staging ] [ UTI, recurrent/complicated (Female) ] [ Hepatocellular carcinoma, assess treatment response ] [ Abdominal pain, post-op ] [ Kidney cancer, staging ] [ Lymphadenopathy, groin ] [ Vomiting, nonbilious (Ped 1-17y) ] [ Prostate cancer, intermediate risk, staging ] [ Prostate cancer, high risk, staging ] [ Metastatic disease evaluation ] [ Abdominal trauma, blunt (Ped 0-17y) ] [ Pancreatitis, acute, severe ] [ Diarrhea (Ped 0-17y) ]
Modifiers:
Order comments:
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.

Questions:

If Female and 10 years - 60 years old:
Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]
If HM IMG CT NO LABS is satisfied:
Can the Creatinine labs be waived prior to performing the exam? **[ No, all labs must be obtained prior to performing this exam. ]** [ Yes, patient is under 60 years of age and has no known history of renal insufficiency, renal disease or diabetes. ]
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):
Reason for preventing immediate release:
Additional details for preventing immediate release:

[ ] CT Chest PE Protocol

Priority: [ Routine ] **[ STAT ]**
Frequency: **[ Once ]**
Starting: Today, At: 0100
Reason for Exam: [ Mediastinitis ] [ Chest trauma, penetrating ] [ Transplant status (Ped 0-17y) ] [ Transplant eval (pre-op) (Ped 0-17y) ] [ Lung transplant ] [ Lung/mediastinal abscess ] [ Pulmonary embolism (PE) suspected, high prob ] [ Pulmonary embolism (PE) suspected, low to intermediate prob, neg D-dimer ] [ Disseminated intravascular coagulation [defibrination syndrome] ] [ Congenital malformation (Ped 0-17y) ] [ Pulmonary embolism (PE) suspected, pregnant ] [ Septic arterial embolism ] [ Pulmonary embolism (PE) suspected, low to intermediate prob, positive D-dimer ]
Modifiers:
Order comments:
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.

Questions:

If HM IMG CT NO LABS is satisfied:
Can the Creatinine labs be waived prior to performing the exam? **[ No, all labs must be obtained prior to performing this exam. ]** [ Yes, patient is under 60 years of age and has no known history of renal insufficiency, renal disease or diabetes. ]
If Female and 10 years - 60 years old:
Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):
Reason for preventing immediate release:
Additional details for preventing immediate release:

[ ] CT Chest Wo Contrast Abdomen Wo Contrast Pelvis Wo Contrast

Priority: [ Routine ] **[ STAT ]**
Frequency: **[ Once ]**
Starting: Today, At: 0100
Reason for Exam: [ Sepsis ] [ Prostate cancer, assess treatment response ] [ Polytrauma, blunt, pregnant ] [ Polytrauma, penetrating ] [ Pancreatic cancer, staging ] [ Brain metastases, unknown primary ] [ Non-small cell lung cancer (NSCLC), metastatic, assess treatment response ] [ Lymphadenopathy, groin (Ped 0-17y) ] [ Hematologic malignancy, assess treatment response ] [ Aortic atherosclerosis ] [ Pancreatic cancer, assess treatment response ] [ Colon cancer, assess treatment response ] [ Small cell lung cancer (SCLC), assess treatment response ] [ Colon cancer, staging ] [ Lymphadenopathy, chest or axilla ] [ Vasculitis suspected, medium vessel ] [ Breast cancer, invasive, stage IV, assess treatment response ] [ Vasculitis suspected, large vessel ] [ Aortic infection or inflammation ] [ Kidney cancer, staging ] [ Lymphadenopathy, groin ] [ Hematologic malignancy, staging ] [ Polytrauma, blunt ] [ Aortic aneurysm, known or suspected ] [ Metastatic disease evaluation ] [ Weight loss, unintended ] [ Breast cancer, invasive, stage IV, initial workup ]
Modifiers:
Order comments:
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.

Questions:

If Female and 10 years - 60 years old:
Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):
Reason for preventing immediate release:
Additional details for preventing immediate release:

[ ] CT Chest W Contrast Abdomen W Contrast Pelvis W Contrast

Priority: [ Routine ] **[ STAT ]**
Frequency: **[ Once ]**
Starting: Today, At: 0100
Reason for Exam: [ Sepsis ] [ Prostate cancer, assess treatment response ] [ Polytrauma, blunt, pregnant ] [ Polytrauma, penetrating ] [ Pancreatic cancer, staging ] [ Non-small cell lung cancer (NSCLC), metastatic, assess treatment response ] [ Lymphadenopathy, groin (Ped 0-17y) ] [ Brain metastases, unknown primary ] [ Hematologic malignancy, assess treatment response ] [ Pancreatic cancer, assess treatment response ] [ Aortic atherosclerosis ] [ Colon cancer, assess treatment response ] [ Small cell lung cancer (SCLC), assess treatment response ] [ Colon cancer, staging ] [ Lymphadenopathy, chest or axilla ] [ Vasculitis suspected, medium vessel ] [ Breast cancer, invasive, stage IV, assess treatment response ] [ Vasculitis suspected, large vessel ] [ Aortic aneurysm, known or suspected ] [ Metastatic disease evaluation ] [ Aortic infection or inflammation ] [ Kidney cancer, staging ] [ Lymphadenopathy, groin ] [ Weight loss, unintended ] [ Hematologic malignancy, staging ] [ Breast cancer, invasive, stage IV, initial workup ] [ Polytrauma, blunt ]
Modifiers:
Order comments:
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.

Questions:

If HM IMG CT NO LABS is satisfied:
Can the Creatinine labs be waived prior to performing the exam? **[ No, all labs must be obtained prior to performing this exam. ]** [ Yes, patient is under 60 years of age and has no known history of renal insufficiency, renal disease or diabetes. ]
If Female and 10 years - 60 years old:
Is the patient pregnant? [ Yes ] [ No ] [ Unknown ]
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [ Immediate ] [ Manual release ] [ Block release ]

Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):
Reason for preventing immediate release:
Additional details for preventing immediate release:

Consults

Consults

[X] Clinical Response Team (Selection Required)

[X] Consult to Sepsis Response Team

Priority: [ Routine ] **[ STAT ]**
Order comments:

Questions:

Does the patient display signs and symptoms suspicious of infection at this time? [ Yes ] [ No ]
Reason for Consult?

[X] Clinical Response Team

[ ] Consult to Sepsis Response Team

Priority: [ Routine ] **[ STAT ]**
Order comments:

Questions:

Does the patient display signs and symptoms suspicious of infection at this time? [ Yes ] [ No ]
Reason for Consult?

[ ] Consult Infectious Diseases

Referral Info:
To Location/POS:
Number of Visits: 1
Expiration Date: S+365
Priority: **[ Routine ]** [ STAT ]
Order comments: Ordering provider must contact ID Consultant
Referred to Provider Specialty: Infectious Diseases

Questions:

Reason for Consult? Consult with Infectious Disease to review and/or adjust current antibiotic selection if necessary. Initial treatment should already be initiated.
If HM ORD MOBILE CONSULT is satisfied:
To Provider:
If HM ORD MOBILE CONSULT is satisfied:
Provider Group:

Conditional Questions:

If Class is Normal Or Class is Hospital Performed Or Class is HMWB Hospital Performed Or Class is HMW Hospital Performed Or Class is HMSTC Hospital Performed:

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

Possible Cascading Questions:

If (answer is Consultant not contacted):
Will you contact the consultant?
If (answer is No):
Best call back number (Personal contact number):
If (answer is Yes):
Best call back number (Personal contact number):
If (answer is Answering service notified):
Additional information:
Best call back number (Personal contact number):

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

Possible Cascading Questions:

If (answer is Answering service):
Additional information:
Best call back number (Personal contact number):

Antibiotics Pharmacy Consult

[ ] Pharmacy consult to manage dose adjustments for renal function

Priority: **[ Routine ]** [ STAT ]
Frequency: **[ Until Discontinued ]**
Starting: Today, At: N
Order comments: Pharmacy consult to review orders for renal dosing prior to administration of second dose of antibiotics

Questions:

Adjust dose for: