Location: _____

General

Nursing

Nursing Care

- ☐ **Alternate antibiotics through all lumens of central venous catheter (CVC)** **Frequency:** Until discontinued **Priority:** Routine
- ☐ **Please draw vancomycin level trough prior to 4th dose** **Frequency:** Until discontinued **Priority:** Routine **Comments:** Please draw vancomycin level trough prior to 4th dose.
- ☐ **Discontinue levaquin upon initiation of Neutropenic Fever Protocol** **Frequency:** Until discontinued **Priority:** Routine **Comments:** d/c levaquin upon initiation of Neutropenic Fever Protocol.

IV Fluids

IV Bolus

- ○ **electrolyte-A (PLASMA-LYTE A) bolus** **Dose:** 500 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
- ○ **electrolyte-A (PLASMA-LYTE A) bolus** **Dose:** 1000 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
- ○ **albumin human 5 % bottle** **Dose:** 12.5 g **Route:** intravenous **Frequency:** once **Minimum Infusion Duration:** 15.000 Minutes
  Question(s):
  Indication:
- ○ **albumin human 5 % bottle** **Dose:** 25 g **Route:** intravenous **Frequency:** once **Minimum Infusion Duration:** 30.000 Minutes
  Question(s):
  Indication:
- ○ **sodium chloride 0.9 % bolus 500 mL** **Dose:** 500 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Minimum Infusion Duration:** 15.000 Minutes
- ○ **sodium chloride 0.9 % bolus 1000 mL** **Dose:** 1000 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Minimum Infusion Duration:** 30.000 Minutes
- ○ **lactated ringer's bolus 500 mL** **Dose:** 500 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Minimum Infusion Duration:** 15.000 Minutes
- ○ **lactated ringers bolus 1000 mL** **Dose:** 1000 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Minimum Infusion Duration:** 30.000 Minutes

Maintenance IV Fluids

- ○ **sodium chloride 0.9 % infusion** **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous
- ○ **lactated ringer's infusion** **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous
- ○ **dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous
- ○ **sodium chloride 0.45 % infusion** **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous
- ○ **sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion** **Dose:** 75 mL/hr **Route:** intravenous **Frequency:** continuous

Medications

Pharmacy Consults

- ☐ **Consult to Pharmacy - renally adjust medications** **Frequency:** Until discontinued **Priority:** Routine **Comments:** Consult to Pharmacy - renally adjust medications
  Question(s):
  Specify reason:
- ☐ **Pharmacy to dose vancomycin** **Frequency:** Until discontinued **Priority:** STAT
  Question(s):
  Indication:
  Anticipated Duration of Vancomycin Therapy (Days):
  Process Instructions:
  All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

Antibiotics

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **amikacin (AMIKIN) Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Surgical Prophylaxis

☐ **aztreonam (AZACTAM) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
If penicillin allergy

☐ **cefepime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Indication: Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☐ **meropenem (MERREM) IV Dose:** 500 mg **Route:** intravenous **Frequency:** every 6 hours **Priority:** STAT
Question(s):
Indication: Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☐ **metronidazole (FLAGYL) Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Indication: ○ Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

☐ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Indication: Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☐ **IV Vancomycin Loading Dose + Pharmacy Consult**

☑ **vancomycin (VANCOCIN) IV Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
Loading Dose

☑ **Pharmacy consult to manage vancomycin Frequency:** Until discontinued **Priority:** Routine
Question(s):
Indication:
Anticipated Duration of Vancomycin Therapy (Days):
Process Instructions:
All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

VTE

Labs

Microbiology and Laboratory

☐ **Blood culture, aerobic and anaerobic x 2**

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

@LASTPROCRESULT(LAB462)@

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

Blood Culture Best Practices (https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf)

- [x] **Blood culture, aerobic & anaerobic** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Comments:** Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

- [x] **Blood culture, aerobic & anaerobic** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Comments:** Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

- [ ] **Urinalysis screen and microscopy, with reflex to culture** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** Routine **Specimen Type:** Urine
Question(s):
Specimen Source: Urine
Specimen Site: ○ Clean catch
Primary Ordering Comments:
Specimen must be received in the laboratory within 2 hours of collection.

- [ ] **Methicillin-resistant staphylococcus aureus (MRSA), NAA** **Frequency:** Once **Priority:** Routine **Specimen Type:** Nares

- [ ] **Respiratory Pathogen Panel with COVID-19** (Required)

  - [x] **Respiratory pathogen panel with COVID-19 RT-PCR** **Frequency:** Once **Priority:** Routine **Specimen Type:** Nasopharyngeal

  - [x] **Isolation** (Required)
  Airborne isolation is recommended for all Confirmed or Suspected COVID-19 patients.

    - [x] **Airborne Isolation**

      - [x] **Airborne isolation status** **Frequency:** Continuous **Priority:** Routine

    - [x] **Contact Isolation**

      - [x] **Contact isolation status** **Frequency:** Continuous **Priority:** Routine

- [ ] **hCG qualitative, urine screen** **Frequency:** Once **Priority:** Routine **Specimen Type:** Urine
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Cardiology

Imaging

X-Ray

- [ ] **Chest 1 Vw Portable** **Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** STAT
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): ○ Immediate
Is the patient pregnant?

- [ ] **Chest 2 Vw** **Frequency:** 1 time imaging **Priority:** Routine
Question(s):
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Other Diagnostic Studies

Respiratory

Rehab

Consults

Additional Orders

Sign:_____ **Printed Name:**_____ **Date/Time:**_____