Location: _____

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

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

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 Administer vasopressor • **IF** hypotension persist OR initial lactate greater than or equal to 4 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**

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

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

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

Hemodynamic Monitoring

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

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

Question(s):

Measure: ○ CVP

Nursing

Nursing - HMH, HMSL and HMB

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

☑ **Vital signs - T/P/R/BP** **Frequency:** Every hour **Frequency Limit:** 3 Hours **Priority:** Routine **Comments:** Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of vitals assessment.

☑ **Height and weight** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** STAT

☑ **Pulse oximetry** **Frequency:** Daily **Priority:** Routine **Comments:** Place Sp02 monitor (near infrared spectroscopy)
Question(s):
Current FIO2 or Room Air:

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

☑ **Activity: Bed rest initially then progress as tolerated** **Frequency:** Until discontinued **Priority:** Routine
Question(s):
Specify: ○ Other activity (specify)
Other: Bed rest initially then progress activity as tolerated

☑ **Patient education** **Frequency:** Prior to discharge **Priority:** Routine
Question(s):
Education for: ○ Other (specify)
Specify: Sepsis Education
Patient/Family:

Nursing - HMWB and HMTW

☑ **Vital signs - T/P/R/BP** **Frequency:** Every hour **Frequency Limit:** 3 Hours **Priority:** Routine **Comments:** Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of vitals assessment.

☑ **Height and weight** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** STAT

☑ **Pulse oximetry** **Frequency:** Daily **Priority:** Routine **Comments:** Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of pulse oximetry assessment. Current FIO2 or Room Air: Place SpO2 monitor (near infrared spectroscopy).
Question(s):
Current FIO2 or Room Air:

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

☑ **Activity: Bed rest initally then progress as tolerated** **Frequency:** Until discontinued **Priority:** Routine
Question(s):
Specify: ○ Other activity (specify)
Other: Bed rest initially then progress activity as tolerated

☑ **Patient education** **Frequency:** Prior to discharge **Priority:** Routine
Question(s):
Education for: ○ Other (specify)
Specify: Sepsis Education
Patient/Family:

Nursing - HMW

☑ **Vital signs - T/P/R/BP** **Frequency:** Every hour **Frequency Limit:** 3 Hours **Priority:** Routine **Comments:** Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of vitals assessment.

☑ **Height and weight** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** STAT

☑ **Pulse oximetry** **Frequency:** Daily **Priority:** Routine **Comments:** Place Sp02 monitor (near infrared spectroscopy)
Question(s):
Current FIO2 or Room Air:

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

☑ **Activity: Bed rest initially then progress as tolerated** **Frequency:** Until discontinued **Priority:** Routine
Question(s):
Specify: ○ Other activity (specify)
Other: Bed rest initially then progress activity as tolerated

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

☑ **Patient education** **Frequency:** Prior to discharge **Priority:** Routine
Question(s):
Patient/Family: ○ Both
Education for: ○ Other (specify)
Specify: Sepsis Education

☐ **Insert and maintain Foley**

☑ **Insert Foley catheter** **Frequency:** Once **Priority:** Routine
Question(s):
Type:
Size:
Urinometer needed:
Indication:
Primary Ordering Comments:
Foley catheter may be removed per nursing protocol.

☑ **Foley Catheter Care** **Frequency:** Until discontinued **Priority:** Routine
Question(s):
Orders: Maintain

Nursing - HMCL

☑ **Vital signs - T/P/R/BP** **Frequency:** Every hour **Frequency Limit:** 3 Hours **Priority:** Routine **Comments:** Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of vitals assessment.

☑ **Height and weight** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** STAT

☑ **Pulse oximetry** **Frequency:** Daily **Priority:** Routine **Comments:** Place Sp02 monitor (near infrared spectroscopy)
Question(s):
Current FIO2 or Room Air:

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

☑ **Activity: Bed rest initially then progress as tolerated** **Frequency:** Until discontinued **Priority:** Routine
Question(s):
Specify: ○ Other activity (specify)
Other: Bed rest initially then progress actiivty as tolerated

☑ **Patient education** **Frequency:** Prior to discharge **Priority:** Routine
Question(s):
Education for: ○ Other (specify)
Specify: Sepsis Education
Patient/Family:

☑ **Telemetry**

☑ **Telemetry monitoring** **Frequency:** Continuous **Frequency Limit:** 48 Hours **Priority:** Routine
Question(s):
Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
Reason for telemetry:
Can be off of Telemetry for baths? Yes
Can be off for transport and tests? Yes

☑ **Telemetry additional setup information** **Frequency:** Continuous **Frequency Limit:** 48 Hours **Priority:** Routine
Question(s):
High Heart Rate (BPM): 130.000
Low Heart Rate(BPM): 50.000
High PVC's (per minute): 10.000

☐ **Insert and maintain Foley**

☑ **Insert Foley catheter** **Frequency:** Once **Priority:** Routine
Question(s):
Type:
Size:
Urinometer needed:
Indication:
Primary Ordering Comments:
Foley catheter may be removed per nursing protocol.

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

☑ **Foley Catheter Care** **Frequency:** Until discontinued **Priority:** Routine
Question(s):
Orders: Maintain

Notify

☑ **Notify Provider/Clinical Response Team:** **Frequency:** Until discontinued **Priority:** Routine **Comments:** -for MAP LESS than 65 or GREATER than 80 -for heart rate LESS than 60 or GREATER than 120 -for urine output LESS than 30 mL/hour -immediately for any acute changes in patient condition (mental status, vital signs)

Initial Management of Suspected Sepsis

Blood Cultures

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

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

@LASTPROCRESULT(LAB462)@

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

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

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

Lactic Acid - STAT and repeat 2 times every 2 hours

☑ **Lactic acid level - Now and repeat 2x every 2 hours** **Frequency:** Now and repeat 2x every 2 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** STAT - SPECIMEN MUST BE DELIVERED IMMEDIATELY TO THE LABORATORY. Repeat Lactic acid in 2 hours. Cancel repeat lactic acids if initial or subsequent result is less than or equal to 2.0. Notify physician if lactic acid is greater than 2.0.

Lactic Acid - STAT and repeat 2 times every 2 hours

☑ **Lactic acid level - Now and repeat 2x every 2 hours** **Frequency:** Now and repeat 2x every 2 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** STAT - SPECIMEN MUST BE DELIVERED IMMEDIATELY TO THE LABORATORY. Repeat Lactic acid in 2 hours. Cancel repeat lactic acids if initial or subsequent result is less than or equal to 2.0. Notify physician if lactic acid is greater than 2.0.

Lactic Acid - STAT and repeat 2 times every 2 hours
****unselect if already collected****

☑ **Lactic acid level - Now and repeat 2x every 2 hours** **Frequency:** Now and repeat 2x every 2 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** STAT - SPECIMEN MUST BE DELIVERED IMMEDIATELY TO THE LABORATORY. Repeat Lactic acid in 2 hours. Cancel repeat lactic acids if initial or subsequent result is less than or equal to 2.0. Notify physician if lactic acid is greater than 2.0.

Labs

Laboratory - STAT

☐ **Arterial blood gas** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Venous blood gas** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Comprehensive metabolic panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Prothrombin time with INR** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Partial thromboplastin time** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☐ **Basic metabolic panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

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

☐ **CBC with differential** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **NT-proBNP** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Troponin T** **Frequency:** Now then every 2 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Fibrinogen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Hepatic function panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **D-dimer** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **hCG qualitative, serum screen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **TSH with reflex to free T4** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Creatine kinase, total (CPK)** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Ionized calcium** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
Deliver specimen immediately to the Core Laboratory.

☐ **Magnesium** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Phosphorus** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Type and screen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood

Laboratory - STAT

☐ **Arterial blood gas** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Venous blood gas** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Comprehensive metabolic panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Prothrombin time with INR, I-Stat** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood

☐ **Partial thromboplastin time** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☐ **Basic metabolic panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **CBC with differential** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Fibrinogen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **NT-proBNP** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Troponin I (high sensitivity), I-Stat** **Frequency:** Now then every 2 hours **Priority:** Routine **Specimen Type:** Blood

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

☐ **Hepatic function panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Ionized calcium** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
Deliver specimen immediately to the Core Laboratory.

☐ **D-dimer** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **hCG qualitative, serum screen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **TSH with reflex to free T4** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Creatine kinase, total (CPK)** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Magnesium** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Phosphorus** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Type and screen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood

Laboratory - STAT

☐ **Arterial blood gas** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Venous blood gas** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Comprehensive metabolic panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Prothrombin time with INR, I-Stat** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood

☐ **Partial thromboplastin time** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☐ **Basic metabolic panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **CBC with differential** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Fibrinogen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **NT-proBNP** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Troponin T** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Hepatic function panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Ionized calcium** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
Deliver specimen immediately to the Core Laboratory.

☐ **Lactic acid, I-Stat** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood

☐ **Magnesium** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

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

☐ **Phosphorus** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Type and screen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood

Laboratory - Additional Microbiology Screens

☐ **Aerobic culture** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine

☐ **Anaerobic culture** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine

☐ **Gastrointestinal pathogens panel WITHOUT C diff**

☑ **Gastrointestinal pathogens panel WITHOUT C diff by nucleic acid amplification** **Frequency:** Once **Priority:** Routine **Specimen Type:** Stool
Primary Ordering Comments:
Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

☑ **Discontinue GI panel order if not collected in 3 days** **Frequency:** Until discontinued **Priority:** Routine **Comments:**
This order only exists to discontinue a GI panel order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.
Primary Ordering Comments:
This order only exists to discontinue a GI panel order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.

☐ **Clostridioides difficile toxin gene (Qualitative Real-Time PCR) with reflex to antigen (Immunoassay)** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Stool
Question(s):
Reason to order:
Risk factors:
Primary Ordering Comments:
Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

☐ **Respiratory culture, quantitative** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Mini bronchial alveolar lavage

☐ **COVID-19, influenza A&B, and RSV qualitative RT-PCR** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine
Question(s):
Specimen Source:

☐ **Sputum culture** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Sputum

☐ **Urinalysis screen with reflex to culture** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Urine
Question(s):
Specimen Source: Urine
Specimen Site:
Primary Ordering Comments:
Specimen must be received in the laboratory within 2 hours of collection.

Laboratory - Additional Microbiology Screens

☐ **Aerobic culture** **Frequency:** Once **Priority:** Routine

☐ **Anaerobic culture** **Frequency:** Once **Priority:** Routine

☐ **Gastrointestinal pathogens panel WITHOUT C diff**

☑ **Gastrointestinal pathogens panel WITHOUT C diff by nucleic acid amplification** **Frequency:** Once **Priority:** Routine **Specimen Type:** Stool
Primary Ordering Comments:
Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

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

☑ **Discontinue GI panel order if not collected in 3 days** **Frequency:** Until discontinued **Priority:** Routine **Comments:** This order only exists to discontinue a GI panel order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.
Primary Ordering Comments:
This order only exists to discontinue a GI panel order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.

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

☑ **Clostridioides difficile toxin gene (Qualitative Real-Time PCR) with reflex to antigen (Immunoassay)** **Frequency:** Once **Priority:** Routine **Specimen Type:** Stool
Question(s):
Reason to order:
Risk factors:
Primary Ordering Comments:
Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

☑ **Discontinue C diff order if not collected in 3 days** **Frequency:** Until discontinued **Priority:** Routine **Comments:** This order only exists to discontinue a C diff order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.
Primary Ordering Comments:
This order only exists to discontinue a C diff order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

☐ **Respiratory culture, quantitative** **Frequency:** Once **Priority:** Routine **Specimen Type:** Mini bronchial alveolar lavage

☐ **COVID-19, influenza A&B, and RSV qualitative RT-PCR** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine
Question(s):
Specimen Source:

☐ **Sputum culture** **Frequency:** Once **Priority:** Routine **Specimen Type:** Sputum

☐ **Urinalysis screen with reflex to culture** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Urine
Question(s):
Specimen Source: Urine
Specimen Site:
Primary Ordering Comments:
Specimen must be received in the laboratory within 2 hours of collection.

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** (Required)

○ **Does NOT meet criteria for 30 mL/kg**

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

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

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

☑ **lactated ringers bolus** **Dose:** 30 mL/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Reassess patient after IV fluid bolus given.
If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus.
Doses start immediately.
Notify provider immediately upon completion of fluid bolus administration.

☑ **Fluid bolus vital signs - P/R/BP** **Frequency:** Every 15 min **Frequency Limit:** 4 Hours **Priority:** Routine
Primary Ordering Comments:
Monitor vital signs (blood pressure, pulse, respiratory rate) during the IV fluid bolus administration every 15 minutes. Reassess patient and capture one complete sets of vital signs (blood pressure, pulse, respiratory rate) after IV fluid bolus has completed and one more complete set of vital signs every 15 minutes for a total of TWO COMPLETE SETS OF VITAL SIGNS after the IV fluid bolus infusion has completed. If the patient's MAP is not in the target range of 65 to 70 mmHg or if the SBP is LESS than 90 mmHg then notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of IV fluid bolus administration for provider volume status documentation.

☐ **lactated ringers IV infusion**

☑ **lactated ringer's infusion** **Dose:** 126 mL/hr **Route:** intravenous **Frequency:** continuous
Admin Instructions:
Reassess patient after 1 L of IV fluid given.
If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.
Doses start immediately.
Notify provider immediately upon completion of administration of 1 L of fluid.

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

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

☑ **sodium chloride 0.9 % bolus** **Dose:** 30 mL/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Reassess patient after IV fluid bolus given.
If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus.
Doses start immediately.
Notify provider immediately upon completion of fluid bolus administration.

☑ **Fluid bolus vital signs - P/R/BP** **Frequency:** Every 15 min **Frequency Limit:** 4 Hours **Priority:** Routine
Primary Ordering Comments:
Monitor vital signs (blood pressure, pulse, respiratory rate) during the IV fluid bolus administration every 15 minutes. Reassess patient and capture one complete sets of vital signs (blood pressure, pulse, respiratory rate) after IV fluid bolus has completed and one more complete set of vital signs every 15 minutes for a total of TWO COMPLETE SETS OF VITAL SIGNS after the IV fluid bolus infusion has completed. If the patient's MAP is not in the target range of 65 to 70 mmHg or if the SBP is LESS than 90 mmHg then notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of IV fluid bolus administration for provider volume status documentation.

☐ **sodium chloride 0.9% infusion**

☑ **sodium chloride 0.9% infusion** **Dose:** 126 mL/hr **Route:** intravenous **Frequency:** continuous
Admin Instructions:
Reassess patient after 1 L of IV fluid given.
If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.
Doses start immediately.
Notify provider immediately upon completion of administration of 1 L of fluid.

○ **Calculate dose using Ideal Body Weight**

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

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

☑ **lactated ringers bolus** **Dose:** 30 mL/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Reassess patient after IV fluid bolus given.
If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus.
Doses start immediately.
Notify provider immediately upon completion of fluid bolus administration.

☑ **Fluid bolus vital signs - P/R/BP** **Frequency:** Every 15 min **Frequency Limit:** 4 Hours **Priority:** Routine
Primary Ordering Comments:
Monitor vital signs (blood pressure, pulse, respiratory rate) during the IV fluid bolus administration every 15 minutes. Reassess patient and capture one complete sets of vital signs (blood pressure, pulse, respiratory rate) after IV fluid bolus has completed and one more complete set of vital signs every 15 minutes for a total of TWO COMPLETE SETS OF VITAL SIGNS after the IV fluid bolus infusion has completed. If the patient's MAP is not in the target range of 65 to 70 mmHg or if the SBP is LESS than 90 mmHg then notify ordering provider prior to administration of second bolus. Doses start immediately.
Notify provider immediately upon completion of IV fluid bolus administration for provider volume status documentation.

☐ **lactated ringers IV infusion**

☑ **lactated ringer's infusion** **Dose:** 126 mL/hr **Route:** intravenous **Frequency:** continuous
Admin Instructions:
Reassess patient after 1 L of IV fluid given.
If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.
Doses start immediately.
Notify provider immediately upon completion of administration of 1 L of fluid.

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

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

☑ **sodium chloride 0.9 % bolus** **Dose:** 30 mL/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Reassess patient after IV fluid bolus given.
If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus.
Doses start immediately.
Notify provider immediately upon completion of fluid bolus administration.

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

☑ **Fluid bolus vital signs - P/R/BP** **Frequency:** Every 15 min **Frequency Limit:** 4 Hours **Priority:** Routine
Primary Ordering Comments:
Monitor vital signs (blood pressure, pulse, respiratory rate) during the IV fluid bolus administration every 15 minutes. Reassess patient and capture one complete sets of vital signs (blood pressure, pulse, respiratory rate) after IV fluid bolus has completed and one more complete set of vital signs every 15 minutes for a total of TWO COMPLETE SETS OF VITAL SIGNS after the IV fluid bolus infusion has completed. If the patient's MAP is not in the target range of 65 to 70 mmHg or if the SBP is LESS than 90 mmHg then notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of IV fluid bolus administration for provider volume status documentation.

☐ **sodium chloride 0.9% infusion**

☑ **sodium chloride 0.9% infusion** **Dose:** 126 mL/hr **Route:** intravenous **Frequency:** continuous
Admin Instructions:
Reassess patient after 1 L of IV fluid given.
If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.
Doses start immediately.
Notify provider immediately upon completion of administration of 1 L of fluid.

○ **Does NOT meet criteria for 30 mL/kg**

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

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

☑ **lactated ringers bolus** **Dose:** 30 mL/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Reassess patient after IV fluid bolus given.
If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus.
Doses start immediately.
Notify provider immediately upon completion of fluid bolus administration.

☑ **Fluid bolus vital signs - P/R/BP** **Frequency:** Every 15 min **Frequency Limit:** 4 Hours **Priority:** Routine
Primary Ordering Comments:
Monitor vital signs (blood pressure, pulse, respiratory rate) during the IV fluid bolus administration every 15 minutes. Reassess patient and capture one complete sets of vital signs (blood pressure, pulse, respiratory rate) after IV fluid bolus has completed and one more complete set of vital signs every 15 minutes for a total of TWO COMPLETE SETS OF VITAL SIGNS after the IV fluid bolus infusion has completed. If the patient's MAP is not in the target range of 65 to 70 mmHg or if the SBP is LESS than 90 mmHg then notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of IV fluid bolus administration for provider volume status documentation.

☐ **lactated ringers IV infusion**

☑ **lactated ringer's infusion** **Dose:** 126 mL/hr **Route:** intravenous **Frequency:** continuous
Admin Instructions:
Reassess patient after 1 L of IV fluid given.
If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.
Doses start immediately.
Notify provider immediately upon completion of administration of 1 L of fluid.

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

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

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

☑ **sodium chloride 0.9 % bolus Dose:** 30 mL/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Reassess patient after IV fluid bolus given.
If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus.
Doses start immediately.
Notify provider immediately upon completion of fluid bolus administration.

☑ **Fluid bolus vital signs - P/R/BP Frequency:** Every 15 min **Frequency Limit:** 4 Hours **Priority:** Routine
Primary Ordering Comments:
Monitor vital signs (blood pressure, pulse, respiratory rate) during the IV fluid bolus administration every 15 minutes. Reassess patient and capture one complete sets of vital signs (blood pressure, pulse, respiratory rate) after IV fluid bolus has completed and one more complete set of vital signs every 15 minutes for a total of TWO COMPLETE SETS OF VITAL SIGNS after the IV fluid bolus infusion has completed. If the patient's MAP is not in the target range of 65 to 70 mmHg or if the SBP is LESS than 90 mmHg then notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of IV fluid bolus administration for provider volume status documentation.

☐ **sodium chloride 0.9% infusion**

☑ **sodium chloride 0.9% infusion Dose:** 126 mL/hr **Route:** intravenous **Frequency:** continuous
Admin Instructions:
Reassess patient after 1 L of IV fluid given.
If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.
Doses start immediately.
Notify provider immediately upon completion of administration of 1 L of fluid.

Additional Management of Sepsis

Antibiotics

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

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

☐ **ED Antibiotic Treatment for Community Acquired Pneumonia (CAP)** (Required)

☑ **Beta Lactam Antibiotics**

◉ **ampicillin-sulbactam (UNASYN) IV Dose:** 3 g **Route:** intravenous **Frequency:** every 6 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Respiratory Tract
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

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

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

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

○ **Single/Loading and Maintenance Doses**

☑ **ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion

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

○ **Single/Loading and Maintenance Doses**

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

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

☑ **Atypical**

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

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

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

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

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

☐ **Nosocomial Pneumonia**
(e.g. N*ursing 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**
Use meropenem (MERREM) if history of infection with ESBL-producing organism or recent prolonged treatment with piperacillin/tazobactam or cefepime.

○ **ceFEPime IV + vancomycin IV**

☑ **Single/Loading and Maintenance Doses**

☑ **ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion

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

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

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

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

○ **amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

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

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

☑ **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

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

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

○ **amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

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

☑ **piperacillin-tazobactam (ZOSYN) 4.5 g IV Once** **Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 0.500 Hours
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

☑ **piperacillin-tazobactam (ZOSYN) IV** **Dose:** 3.375 g **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

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

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

○ **amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

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

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

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

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

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

○ **amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

○ **SEVERE Penicillin Allergy**
(i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)

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

☑ **aztreonam (AZACTAM) IV** **Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Respiratory Tract
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

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

○ **amikacin (AMIKIN) IV** **Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

○ **levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours
Priority: STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☐ **Suspected Anaerobe Coverage: metroNIDAZOLE (FLAGYL) 500 mg IV**

☑ **metroNIDAZOLE (FLAGYL) IV Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours
Priority: STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **SEVERE Vancomycin Allergy**

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

○ **ceFEPime 2 g IV + linezolid (ZYVOX) 600 mg IVPB**

☑ **Single/Loading and Maintenance Doses**

☑ **ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion

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

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

☑ **linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB** **Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Respiratory Tract
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

○ **amikacin (AMIKIN) IV** **Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **levofloxacin (LEVAQUIN) IV** **Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

☑ **piperacillin-tazobactam (ZOSYN) IV** **Dose:** 4.5 g **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

☑ **piperacillin-tazobactam (ZOSYN) IV** **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☑ **linezolid in dextrose 5% (ZYVOX) IVPB** **Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours
Frequency Limit: 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Respiratory Tract
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

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

○ **amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

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

☑ **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☑ **linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Respiratory Tract
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

○ **amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

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

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB** **Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Respiratory Tract
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

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

○ **amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

○ **SEVERE Penicillin AND Vancomycin Allergy**
(i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)

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

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

☑ **aztreonam (AZACTAM) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Respiratory Tract
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Respiratory Tract
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

○ **amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

○ **levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours
Priority: STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☐ **Suspected Anaerobe Coverage: metroNIDAZOLE (FLAGYL) 500 mg IV**

☑ **metroNIDAZOLE (FLAGYL) IV Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours
Priority: STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☐ **Urinary Tract Infection**

Does your patient have a SEVERE penicillin allergy?

○ **No**

○ **cefTRIAXone (ROCEPHIN) 1 g IV**

☑ **cefTRIAxone (ROCEPHIN) IV Dose:** 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Uro/Genital
Admin Instructions:
Classification: Broad Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Product Admin Instructions:
Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

○ **ceFEPime IV**

☑ **Single/Loading and Maintenance Doses**

☑ **ceFEPime (MAXIPIME) IV** **Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

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

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

☑ **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

☑ **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

○ **ertapenem (INVANZ) 1 g IV**

☑ **ertapenem (INVanz) IV** **Dose:** 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Uro/Genital
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Product Admin Instructions:
ERTApenem must not be mixed or Y-sited into any Dextrose-containing solutions. Flush IV line with Normal Saline before and after administration.

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

○ **meropenem (MERREM) IV**

☑ **Single/Loading and Maintenance Doses**

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

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

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

○ **Yes**

◉ **aztreonam (AZACTAM) 2 g IV**

☑ **aztreonam (AZACTAM) 2 g IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Uro/Genital
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

Does your patient have a SEVERE vancomycin allergy?

○ **No**

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

☑ **cefTRIAxone (ROCEPHIN) IV Dose:** 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibioticfirst. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Product Admin Instructions:
Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

☑ **vancomycin (VANCOCIN) IV Route:** intravenous **Priority:** STAT
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

○ **Yes**

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

☑ **cefTRIAxone (ROCEPHIN) IV Dose:** 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Admin Instructions:
Classification: Broad Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Product Admin Instructions:
Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

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

○ **No SEVERE Penicillin OR Vancomycin Allergy**

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

☑ **Single/Loading and Maintenance Doses**

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

☑ **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☑ **vancomycin (VANCOCIN) IV Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

☐ **Optional Adjunct: clindamycin (CLEOCIN) 900 mg IV Dose:** 900 mg **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

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

☑ **Single/Loading and Maintenance Doses**

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

☑ **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☑ **vancomycin (VANCOCIN) IV Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

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

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

○ **SEVERE Penicillin Allergy**

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

☑ **aztreonam (AZACTAM) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

☑ **vancomycin (VANCOCIN) IV** **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

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

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

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

☑ **aztreonam (AZACTAM) IV** **Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

☑ **vancomycin (VANCOCIN) IV** **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

☑ **metroNIDAZOLE (FLAGYL) IV** **Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **SEVERE Vancomycin Allergy**

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

☑ **Single/Loading and Maintenance Doses**

☑ **piperacillin-tazobactam (ZOSYN) IV** **Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

☑ **piperacillin-tazobactam (ZOSYN) IV** **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB** **Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Skin and Soft Tissue Infections
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

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

○ **SEVERE Penicillin AND Vancomycin Allergy**

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

☑ **aztreonam (AZACTAM) IV** **Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB** **Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours
Priority: STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☑ **clindamycin (CLEOCIN) IV** **Dose:** 900 mg **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Indication: Sepsis of Unknown Source
Indication:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **aztreonam (AZACTAM) IV** **Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB** **Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours
Priority: STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☑ **metroNIDAZOLE (FLAGYL) IV** **Dose:** 500 mg **Route:** intravenous **Frequency:** every 6 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☐ **Sepsis of Unknown Source or IV Catheter-Related Infection**

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

○ **No SEVERE Penicillin OR Vancomycin Allergy**

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

○ **ceFEPime IV + vancomycin IV**

☑ **Single/Loading and Maintenance Doses**

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

☑ **ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion

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

☑ **vancomycin (VANCOCIN) IV Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

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

☑ **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☑ **vancomycin (VANCOCIN) IV Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

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

☑ **piperacillin-tazobactam (ZOSYN) 4.5 g IV Once Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 0.500 Hours
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 3.375 g **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

☑ **vancomycin (VANCOCIN) IV Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

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

○ **amikacin (AMIKIN) IV Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **levofloxacin (LEVAQUIN) IV Dose:** 750 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

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

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

☑ **vancomycin (VANCOCIN) IV** **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

○ **SEVERE Penicillin Allergy**
(i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)

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

☑ **aztreonam (AZACTAM) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

☑ **vancomycin (VANCOCIN) IV Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

○ **SEVERE Vancomycin Allergy**

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

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

☑ **Single/Loading and Maintenance Doses**

☑ **ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion

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

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB** **Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours
Frequency Limit: 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Sepsis of Unknown Source
Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB** **Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

☑ **piperacillin-tazobactam (ZOSYN) IV** **Dose:** 4.5 g **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

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

☑ **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☑ **linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Sepsis of Unknown Source
Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

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

☑ **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☑ **linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Sepsis of Unknown Source
Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

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

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Sepsis of Unknown Source
Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

○ **SEVERE Penicillin AND Vancomycin Allergy**
(i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)

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

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

☑ **aztreonam (AZACTAM) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Sepsis of Unknown Source
Recommendation: Sepsis of Unknown Source: Recommended duration is dependent upon patient's clinical response and source identification
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **tobramycin (TOBREX) 7 mg/kg IVPB Dose:** 7 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Admin Instructions:
Pharmacy Consult to dose based on renal function

Classification: Narrow Spectrum Antibiotic

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

☐ **Intra-Abdominal Infections**

Use meropenem if history of infection with ESBL-producing organism or recent prolonged treatment with zosyn or cefepime.
Sources: Complicated Intra-abdominal Infection Guidelines. Clinical Infectious Diseases 2010; 50:133–64. ANTIBIOTIC SUSCEPTIBILITY OF COMMON ORGANISMS – 2016. Houston Methodist Hospital/Department of Laboratory Medicine/Microbiology Section

Does your patient have a SEVERE penicillin allergy?

○ **No SEVERE Penicillin or Vancomycin Allergy**

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

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

○ **ceFEPime 1 g IV + metroNIDAZOLE (FLAGYL) 500 mg IV**

☑ **Single/Loading and Maintenance Doses**

☑ **ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion

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

☑ **metronidazole (FLAGYL) IV Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Intra-Abdominal
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

☑ **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

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

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

☑ **piperacillin-tazobactam (ZOSYN) 4.5 g IV Once Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 0.500 Hours
Question(s):
Indication: ○ Intra-abdominal
Recommendation: Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Indication: ○ Intra-abdominal
Recommendation: Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

○ **meropenem (MERREM) 500 mg IV**

☑ **Single/Loading and Maintenance Doses**

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

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

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

☐ **IF health-care associated, ADD - vancomycin (VANCOCIN) IV** **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Intra-abdominal
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

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

☑ **fluconazole (DIFLUCAN) IV** **Dose:** 400 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Indication:
Product Admin Instructions:
May cause QTc prolongation.

○ **SEVERE Penicillin Allergy**

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

☑ **aztreonam (AZACTAM) IV** **Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Intra-abdominal
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

☑ **metroNIDAZOLE (FLAGYL) IV** **Dose:** 500 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: ○ Intra-Abdominal
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☐ **IF health-care associated, ADD - vancomycin IV** **Route:** intravenous **Priority:** STAT
Question(s):
Indication: ○ Intra-abdominal
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

☐ **IF high risk or severe, consider antifungal coverage: fluconazole (DIFLUCAN) IV or micafungin (MYCAMINE) IV**
Note: Use fluconazole (DIFLUCAN) only in patients with absolutely no risk factors for C. glabrata or resistance

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

○ **fluconazole (DIFLUCAN) IV Dose:** 800 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Indication:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **micafungin (MYCAMINE) IVPB (RESTRICTED) Dose:** 100 mg **Route:** intravenous **Priority:** STAT
Question(s):
Reason for Therapy: Other
Specify: Sepsis
RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one?
Indication:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **SEVERE Vancomycin Allergy**

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

○ **ceFEPime 1 g IV + metroNIDAZOLE (FLAGYL) 500 mg IV**

☑ **Single/Loading and Maintenance Doses**

☑ **ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion

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

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

☑ **metronidazole (FLAGYL) IV Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours
Frequency Limit: 24 Hours **Priority:** STAT
Question(s):
Indication: ○ Intra-Abdominal
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

☑ **Single/Loading and Maintenance Doses**

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** once
Frequency Limit: 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion Administer over 30 minutes.

☑ **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours
Priority: STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

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

☑ **piperacillin-tazobactam (ZOSYN) 4.5 g IV Once Dose:** 4.5 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 0.500 Hours
Question(s):
Indication: ○ Intra-abdominal
Recommendation: Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

☑ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 4.000 Hours
Question(s):
Indication: ○ Intra-abdominal
Recommendation: Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

○ **meropenem (MERREM) 500 mg IV**

☑ **Single/Loading and Maintenance Doses**

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

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

☐ **IF health-care associated, ADD - linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Intra-abdominal
Recommendation: Intra-abdominal: Recommended duration is 4 days of therapy following adequate source control
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

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

☑ **fluconazole (DIFLUCAN) IV** **Dose:** 400 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Indication:
Product Admin Instructions:
May cause QTc prolongation.

○ **SEVERE Penicillin and Vancomycin Allergy**

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

☑ **aztreonam (AZACTAM) IV** **Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Type of Therapy: New Anti-Infective Order
Reason for Therapy: Bacterial Infection Suspected
Indication: ○ Sepsis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

☑ **metroNIDAZOLE (FLAGYL) IV** **Dose:** 500 mg **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Type of Therapy: New Anti-Infective Order
Reason for Therapy: Bacterial Infection Suspected
Indication: Sepsis
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Indication:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☐ **IF health-care associated, ADD - linezolid in dextrose 5% (ZYVOX) IVPB** **Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Reason for Therapy: Bacterial Infection Suspected
Indication: ○ Sepsis
Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

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

○ **fluconazole (DIFLUCAN) IV** **Dose:** 800 mg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Indication:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **micafungin (MYCAMINE) IVPB (RESTRICTED)** **Dose:** 100 mg **Route:** intravenous **Priority:** STAT
Question(s):
Reason for Therapy: Other
Specify: Sepsis
RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one?
Indication:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

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

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

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

○ **No SEVERE Penicillin or Vancomycin Allergy**

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

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

☑ **cefTRIAxone (ROCEPHIN) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ CNS
Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control
Admin Instructions:
Classification: Broad Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Product Admin Instructions:
Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

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

☐ **OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Administer 15-20 minutes before 1st dose of antibiotics.

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

☑ **cefTRIAxone (ROCEPHIN) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ CNS
Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control
Admin Instructions:
Classification: Broad Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Product Admin Instructions:
Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

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

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

☑ **ampicillin IV Dose:** 2 g **Route:** intravenous **Frequency:** every 4 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ CNS
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☐ **OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Administer 15-20 minutes before 1st dose of antibiotics.

○ **SEVERE Penicillin Allergy**

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

○ **aztreonam (AZACTAM) 2 g IV + vancomycin IV**

☑ **aztreonam (AZACTAM) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ CNS
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

☐ **OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Administer 15-20 minutes before 1st dose of antibiotics.

○ **SEVERE Vancomycin Allergy**

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

○ **cefTRIAXone (ROCEPHIN) 2 g IV + linezolid (ZYVOX) 600 mg IV - For Patients LESS than 50 years old**

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

☑ **cefTRIAxone (ROCEPHIN) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ CNS
Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control
Admin Instructions:
Classification: Broad Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Product Admin Instructions:
Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

☑ **linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ CNS
Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☐ **OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Administer 15-20 minutes before 1st dose of antibiotics.

○ **cefTRIAXone (ROCEPHIN) 2 g IV + linezolid (ZYVOX) 600 mg IV + ampicillin 2 g IV - For Patients GREATER than 50 years old**

☑ **cefTRIAxone (ROCEPHIN) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ CNS
Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control
Admin Instructions:
Classification: Broad Spectrum Antibiotic

When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Product Admin Instructions:
Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

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

☑ **linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB** **Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ CNS
Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:

Classification: Narrow Spectrum Antibiotic

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

☑ **ampicillin IV** **Dose:** 2 g **Route:** intravenous **Frequency:** every 4 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ CNS
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☐ **OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV** **Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Administer 15-20 minutes before 1st dose of antibiotics.

○ **SEVERE Penicillin and Vancomycin Allergy**

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

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

☑ **aztreonam (AZACTAM) IV** **Dose:** 2 g **Route:** intravenous **Frequency:** every 12 hours **Priority:** STAT
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ Sepsis of Unknown Source
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☐ **OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Administer 15-20 minutes before 1st dose of antibiotics.

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

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

○ **No SEVERE Penicillin or Vancomycin Allergy**

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

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

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

○ **Single/Loading and Maintenance Doses**

☑ **ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion

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

○ **Single/Loading and Maintenance Doses**

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

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

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

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

☐ **OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Administer 15-20 minutes before 1st dose of antibiotics.

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

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

○ **Single/Loading and Maintenance Doses**

☑ **ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion

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

○ **Single/Loading and Maintenance Doses**

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

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

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

☑ **ampicillin IV Dose:** 2 g **Route:** intravenous **Frequency:** every 4 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ CNS
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☐ **OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Administer 15-20 minutes before 1st dose of antibiotics.

○ **SEVERE Penicillin Allergy**

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

○ **aztreonam (AZACTAM) 2 g IV + vancomycin IV**

☑ **aztreonam (AZACTAM) IV Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ CNS
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

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

☐ **OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Admin Instructions:
Administer 15-20 minutes before 1st dose of antibiotics.

○ **SEVERE Vancomycin Allergy**

○ **ceFEPime IV or meropenem (MERREM) IV + linezolid (ZYVOX) IV - For Patients LESS than 50 years old**

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

○ **Single/Loading and Maintenance Doses**

☑ **ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion

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

○ **Single/Loading and Maintenance Doses**

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

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ CNS
Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **ceFEPime IV or meropenem (MERREM) IV + linezolid (ZYVOX) IV - For Patients GREATER than 50 years old**

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

○ **Single/Loading and Maintenance Doses**

☑ **ceFEPime (MAXIPIME) IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
STANDARD Infusion

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

○ **Single/Loading and Maintenance Doses**

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

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

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB** **Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ CNS
Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☑ **ampicillin IV** **Dose:** 2 g **Route:** intravenous **Frequency:** every 4 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ CNS
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

○ **SEVERE Penicillin and Vancomycin Allergy**

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

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

☑ **aztreonam (AZACTAM) IV** **Dose:** 2 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 24 Hours **Priority:** STAT
Question(s):
Indication: ○ CNS
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Classification: Broad Spectrum Antibiotic

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

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

☑ **linezolid in dextrose 5% (ZYVOX) IVPB** **Dose:** 600 mg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT **Minimum Infusion Duration:** 60.000 Minutes
Question(s):
Indication: ○ CNS
Recommendation: CNS: Recommended duration is maximum of 21 days given organism, clinical improvement, and source control
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Classification: Narrow Spectrum Antibiotic

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

☐ **Chorioamnionitis, Post-partum endometritis, Postabortal infection Antibiotic Treatment**

◉ **Preferred treatment or for penicillin-allergic patients**

☑ **cefTRIAxone (ROCEPHIN) IV**

☑ **cefTRIAxone (ROCEPHIN) IV** **Dose:** 1 g **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Other
Specify: OB Source Sepsis
Product Admin Instructions:
Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

☑ **sodium chloride 0.9 % bolus** **Dose:** 62.5 mL **Route:** intravenous **Frequency:** every 24 hours **Minimum Infusion Duration:** 30.000 Minutes
Admin Instructions:
If lactated ringer's (LR) is currently infusing - piggyback the NS IV bag into the LR, flush, start the cefTRIAxone (ROCEPHIN) IV with the NS infusing, then flush again before returning to the LR.

☑ **metronidazole IV followed by PO**

☑ **metronidazole (FLAGYL) IV** **Dose:** 500 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Indication:

☑ **metroNIDAZOLE (FLAGYL) tablet** **Dose:** 500 mg **Frequency:** every 8 hours
Question(s):
Indication:

☑ **azithromycin (ZITHROMAX) tablet** **Dose:** 500 mg **Route:** oral **Frequency:** every 24 hours
Question(s):
Indication: ○ Other
Specify: Chorioamnionitis/Endometritis/Postabortal infection
Product Admin Instructions:
May cause QTc prolongation.

○ **Allergic to azithromycin or metronidazole**

☑ **ampicillin-sulbactam (UNASYN) IV** **Dose:** 3 g **Route:** intravenous **Frequency:** every 6 hours **Priority:** STAT
Question(s):
Indication: ○ Other
Specify: Chorioamnionitis/Endometritis/Postabortal infection
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

☑ **gentamicin (GARAMYCIN) IV**
Select one based on patient weight

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

○ **Pt wt < 60 kg: gentamicin (GARAMYCIN) IVPB (maximum 320 mg) Dose:** 5 mg/kg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Other
Specify: Chorioamnionitis/Endometritis/Postabortal infection

○ **Pt wt = 60 - 80 kg: gentamicin (GARAMYCIN) IVPB (maximum 400 mg) Dose:** 5 mg/kg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Other
Specify: Chorioamnionitis/Endometritis/Postabortal infection

○ **Pt wt > 80 kg: gentamicin (GARAMYCIN) IVPB (maximum 480 mg) Dose:** 5 mg/kg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Other
Specify: Chorioamnionitis/Endometritis/Postabortal infection

○ **Severely allergic to cephalosporins**

☑ **gentamicin (GARAMYCIN) IV**
Select one based on patient weight

○ **Pt wt < 60 kg: gentamicin (GARAMYCIN) IVPB (maximum 320 mg) Dose:** 5 mg/kg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Other
Specify: Chorioamnionitis/Endometritis/Postabortal infection

○ **Pt wt = 60 - 80 kg: gentamicin (GARAMYCIN) IVPB (maximum 400 mg) Dose:** 5 mg/kg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Other
Specify: Chorioamnionitis/Endometritis/Postabortal infection

○ **Pt wt > 80 kg: gentamicin (GARAMYCIN) IVPB (maximum 480 mg) Dose:** 5 mg/kg **Route:** intravenous **Frequency:** every 24 hours **Priority:** STAT
Question(s):
Indication: ○ Other
Specify: Chorioamnionitis/Endometritis/Postabortal infection

☑ **clindamycin (CLEOCIN) IV Dose:** 900 mg **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Indication: Other
Specify: Chorioamnionitis/Endometritis/Postabortal infection
Indication:

acetaminophen (TYLENOL) and ibuprofen (MOTRIN)

☑ **PRN Fever - acetaminophen (TYLENOL) oral OR rectal**

◉ **acetaminophen (TYLENOL) tablet Dose:** 650 mg **Route:** oral **Frequency:** every 4 hours PRN **PRN Reasons:** fever
Question(s):
Allowance for Patient Preference:
Product Admin Instructions:
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

◉ **acetaminophen (TYLENOL) suppository Dose:** 325 mg **Route:** rectal **Frequency:** every 4 hours PRN **PRN Reasons:** fever
Product Admin Instructions:
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

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

☐ **ibuprofen (ADVIL) tablet Dose:** 400 mg **Frequency:** every 6 hours PRN **PRN Comment:** Fever > 100.5 **PRN Reasons:** fever
Question(s):
Allowance for Patient Preference:
Admin Instructions:
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
Product Admin Instructions:
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☐ **Colloid / Albumin (for patients not responding to initial fluid resuscitation with crystalloids)**

☐ **albumin human 5 % infusion Dose:** 25 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication:
Admin Instructions:
Administer 500 mL intravenous once for patients not responding to initial fluid resuscitation with crystalloids.

☐ **Vasopressor Therapy**

○ **norEPInephrine (LEVOPHED) infusion Frequency:** titrated **Priority:** STAT

○ **epINEPHrine infusion Frequency:** titrated **Priority:** STAT

☐ **Inotropic Therapy**

☐ **DOButamine (DOBUTREX) infusion Dose:** 0.5 - 20 mcg/kg/min **Route:** intravenous **Frequency:** titrated **Priority:** STAT
Admin Instructions:
Titrate by 2 mcg/kg/min every 10 minutes for mean arterial pressure 65-70 mmHg. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 10 mcg/kg/min.

☐ **Steroids**

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

☐ **hydrocortisone sodium succinate (Solu-CORTEF) injection Dose:** 100 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

Imaging

Chest X -Ray

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

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

CT

☐ **CT Head Wo Contrast Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Does this require fiducials?
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

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

☐ **CT Abdomen Pelvis Wo Contrast** **Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Process Instructions:
Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☐ **CT Abdomen Pelvis W Contrast** **Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Is the patient pregnant?
Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Process Instructions:
Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☐ **CT Chest PE Protocol** **Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Process Instructions:
Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

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

☐ **CT Chest Wo Contrast Abdomen Wo Contrast Pelvis Wo Contrast** **Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Process Instructions:
Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☐ **CT Chest W Contrast Abdomen W Contrast Pelvis W Contrast** **Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Process Instructions:
Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

Consults

Consults

☑ **Clinical Response Team**

☑ **Consult to Clinical Response Team** **Frequency:** Once **Priority:** STAT
Question(s):
Does the patient display signs and symptoms suspicious of infection at this time?
Reason for Consult?

☐ **Consult Infectious Diseases** **Frequency:** Once **Priority:** Routine **Comments:** Ordering provider must contact ID Consultant
Question(s):
Reason for Consult? ○ Consult with Infectious Disease to review and/or adjust current antibiotic selection if necessary. Initial treatment should already be initiated.
Provider Group:
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

Antibiotics Pharmacy Consult

☐ **Pharmacy consult to manage dose adjustments for renal function** **Frequency:** Until discontinued **Priority:** Routine
Comments: Pharmacy consult to review orders for renal dosing prior to administration of second dose of antibiotics
Question(s):
Adjust dose for:
Primary Ordering Comments:
Please assess for hemodialysis, peritoneal dialysis, or continuous renal replacement therapy (CRRT) orders in addition to creatine clearance when making dose adjustments.

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