




<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL <b>KUMED</b> 3901 Rainbow Boulevard Kansas City, Kansas 66160</p> <p style="text-align: center;"><b>PHYSICIAN'S ORDER FORM</b></p>	<p>Do not write in this box</p>  <p>DT0017</p>	<p>PATIENT LABEL</p>
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DATE & TIME	#	<p><b>ORDERS</b></p> <p><b>PEDIATRIC ANTI-INFECTIVE LOCK ORDER FORM</b></p>
		<p><b>ALLERGIES:</b> _____ <b>WEIGHT:</b> _____ kg</p>
	1	<p><b>Micro-organism identified:</b> _____ <b>Site of infection:</b> _____</p>
	2	<p>Pediatric Infectious Disease Consult required Lock recommended by: _____ (Infectious Disease Physician)</p>
	3	<p><b>MEDICATION ORDERS:</b></p>
		<p><input type="checkbox"/> <b>Vancomycin Lock 2mg/mL with NO HEPARIN</b> Lock _____ lumen (red, white, both) when not in use by instilling 2 mL antibiotic lock solution and allowing to dwell in line until next use. Record volume of solution used and time of locks on MAR. Withdraw lock solution and flush line well with normal saline before next use. Lock solution should be changed at least every 24 hours. Change lock solution every _____ hours Rotate lumens every _____ (Rx Use Only: VANLK)</p>
		<p><input type="checkbox"/> <b>Vancomycin Lock 2mg/mL with Heparin 100 units/mL</b> Lock _____ lumen (red, white, both) when not in use by instilling 2 mL antibiotic lock solution and allowing to dwell in line until next use. Record volume of solution used and time of locks on MAR. Withdraw lock solution and flush line well with normal saline before next use. Lock solution should be changed at least every 24 hours. Change lock solution every _____ hours Rotate lumens every _____ (Rx Use Only: VANHEPLK)</p>
		<p><input type="checkbox"/> <b>Amphotericin B Lock 2.5 mg/mL in Sterile Water</b> Lock _____ lumen (red, white, both) when not in use by instilling 2 mL antibiotic lock solution and allowing to dwell in line until next use. Record volume of solution used and time of locks on MAR. Withdraw lock solution and flush line well with <b>dextrose 5%</b> before next use. Lock solution should be changed at least every 12 hours. Change lock solution every _____ hours Rotate lumens every _____ (Rx Use Only: AMPHOLK)</p>
		<p><input type="checkbox"/> _____ Lock _____mg/mL Lock _____ lumen (red, white, both) when not in use by instilling 2 mL antibiotic lock solution and allow to dwell in line until next use. Record volume of solution used and time of locks on MAR. Withdraw lock solution and flush line well with normal saline before next use. Change lock solution every _____ hours Rotate lumens every _____</p>
<p><b>( ) = Suggested Regimen</b></p>		

Physician Signature: \_\_\_\_\_ Pager: \_\_\_\_\_