

Do Not Write In This Box



PATIENT LABEL

**ADULT ANTIBIOTIC ORDER FORM**

Note: printed dosing is for non-elderly, non-pregnant adults with normal renal function.

**FIRST DOSE NOW. SCAN ORDER IMMEDIATELY AND NOTIFY PHARMACY OF PRIORITY MEDICATION**

MARK INDICATION or Write in Pathogen/Site	FIRST LINE INITIAL THERAPY	ALTERNATIVE INITIAL THERAPY Due to allergy or resistance to first line therapy.
<input type="checkbox"/> <b>Community Acquired Pneumonia</b> <i>Regimens comply with ORYX Core Measures</i>  <b>Pseudomonal Risk =</b> - Documented bronchiectasis - COPD – previous multiple rounds of antibiotics - COPD – chronic or long-term corticosteroid use	<input type="checkbox"/> Non-ICU Regimen: Ceftriaxone 1 gm IV q 24 H + Doxycycline 100 mg PO q12 H  <input type="checkbox"/> ICU Regimen: Ceftriaxone 1 gm IV q 24 H + Levofloxacin 750 mg IV q 24 H  <input type="checkbox"/> ICU w/ Pseudomonal Risk Regimen Piperacillin-Tazo 4.5 gm IV q 6 H + Levofloxacin 750 mg IV q 24 H	<input type="checkbox"/> Non-ICU Regimen: Levofloxacin 750 mg PO q 24 H  <input type="checkbox"/> Vancomycin _____ (15mg/kg) IV q 12 H + Levofloxacin 750 mg IV q 24 H  <input type="checkbox"/> Any Unit w/ Pseudomonal Risk Regimen Cefepime 2 gm IV q 8 H + Levofloxacin 750 mg IV q 24 H
<input type="checkbox"/> <b>Healthcare-Associated Pneumonia</b> (Hospital, Ventilator, Nursing Home)	<input type="checkbox"/> Piperacillin-Tazo 4.5 gm IV q 6 H + Levofloxacin 750 mg PO q 24 H + Vancomycin _____ (15mg/kg) IV q 12 H	<input type="checkbox"/> Cefepime 2 gm IV q 8 H + Gentamicin _____ mg (7mg/kg) IV q 24 H + Vancomycin _____ (15mg/kg) IV q 12 H
<input type="checkbox"/> <b>Intra-Abdominal Infection (non-ICU)</b>	<input type="checkbox"/> Ceftriaxone 1 gm IV q 24 H + Metronidazole 1 gm IV q 24 H	<input type="checkbox"/> Ertapenem 1 gm IV q 24 H
<input type="checkbox"/> <b>Intra-Abdominal Infection (ICU)</b>	<input type="checkbox"/> Piperacillin/Tazobactam 3.375 gm IV q 6 h	<i>See Criteria Based Antibiotic Order Form for Meropenem Usage</i>
<input type="checkbox"/> <b>Cellulitis</b> (Increase dose for patients > 100kg)	<input type="checkbox"/> Cefazolin 1 gm IV q 8 H	<input type="checkbox"/> Clindamycin 600 mg IV q 8 H
<input type="checkbox"/> <b>UTI</b>	<input type="checkbox"/> Levofloxacin 500 mg PO q 24 H	<input type="checkbox"/> Ceftriaxone 1 gm IV q 24 H
<input type="checkbox"/> <b>Wound Infection/Diabetic Ulcer</b> (For moderate infection --Alter therapy if severe)	<input type="checkbox"/> Ertapenem 1 gm IV q 24 H	<input type="checkbox"/> Piperacillin-Tazo 3.375 gm IV q 6 H
<input type="checkbox"/> <b>Bacterial Meningitis</b>	<input type="checkbox"/> Dexamethasone 10 mg IV q 6 H x 3 days + Vancomycin _____ (15mg/kg) IV q 12 H + Ceftriaxone 2 gm IV q 12 H	<i>Modify therapy based on cultures.</i>
<input type="checkbox"/> <b>Prophylaxis for Neutropenic Patient</b>	<input type="checkbox"/> Acyclovir 800 mg PO BID <input type="checkbox"/> Levofloxacin 500 mg PO Daily <input type="checkbox"/> Fluconazole 400 mg PO Daily	
<input type="checkbox"/> <b>Febrile Neutropenia</b> For suspected line infection: Also mark Catheter ↓	<input type="checkbox"/> Cefepime 2 gm IV q 8 H	<input type="checkbox"/> Piperacillin-Tazobactam 4.5 gm IV q 6 H
<input type="checkbox"/> <b>Central Catheter Infection</b>	<input type="checkbox"/> Vancomycin _____ (15mg/kg) IV q12 H	<i>Modify therapy based on cultures.</i>
<input type="checkbox"/> <b>Group B Strep Prophylaxis (OB/GYN)</b> ---Until Delivery Only--	<input type="checkbox"/> Penicillin G K 5MU IV x 1 dose, then Penicillin G K 2.5MU IV Q 4 H until delivery	<input type="checkbox"/> Clindamycin 900 mg IV q 8 H until delivery
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

- Renal Dose Antibiotics: Pharmacist to renal dose antibiotics per protocol until discontinued**
- Antibiotic Dosing Per Protocol: Pharmacist to manage aminoglycoside and/or vancomycin therapy until discontinued**
- Aminoglycoside Drug Level as follows:**  6-14H post 1<sup>st</sup> 7mg/kg dose per nomogram  Peak/Trough - 3<sup>rd</sup> dose  Random @ \_\_\_\_\_
- Vancomycin Drug Level as follows:**  Trough prior to 4<sup>th</sup> Dose  Random @ \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_ Pager: \_\_\_\_\_