University of Medical Center

ADULT ANTIMICROBIAL ORDER FORM

USE THIS FORM TO ORDER ALL SYSTEMIC ANTIMICROBIAL AGENTS

Antimicrobial Team Beeper

PATIENT IDENTIFICATION

Allergies ☐ None Known

☐ Penicillin ☐ Rash ☐ Anaphylaxis ☐ Hives ☐ Other

☐ Cephalosporins ☐ Rash ☐ Anaphylaxis ☐ Hives ☐ Other

☐ Sulfonamides ☐ Rash ☐ Anaphylaxis ☐ Hives ☐ Other

☐ Other ______ ☐ Rash ☐ Anaphylaxis ☐ Hives ☐ Other

SURGICAL PROPHYLAXIS THERE IS A 24 HOUR AUTOMATIC STOP ON PROPHYLAXIS ORDERS

Procedure (Please Specify) ______

PRE-OPERATIVE

☐ CEFAZOLIN 1g IV x 1 dose with patient to O.R.

☐ CEFOTETAN 1g IV x 1 dose with patient to O.R.

☐ Other Regimen: (Specify Below)

POST-OPERATIVE

☐ CEFAZOLIN 1g IV every 8 hours x 3 doses

☐ CEFOTETAN 1g IV every 12 hours for 2 doses

☐ Other Regimen: (Specify Below)

OTHER ORDERS PLEASE SELECT THE FOLLOWING INFORMATION AS APPROPRIATE

⚠ **5 Day AUTO STOP**

☐ **EMPIRIC**

☐ **DOCUMENTED**

Sites: ☐ Abdominal ☐ Bone & Joint ☐ Genitourinary ☐ Skin & Soft Tissue (incl. surgical wounds) ☐ Bacteremia ☐ CNS ☐ Lower Respiratory ☐ Upper Respiratory ☐ Other:

Pathogens: ☐ Anaerobes ☐ Gram Neg Rods ☐ Staphylococcus ☐ Viral ☐ Fungal ☐ Pseudomonas ☐ Streptococcus ☐ Other:

Select antimicrobial agent and check dose if choice available. Restricted Agents are listed... write orders in "Other Antimicrobials" below

☐ ACYCLOVIR (5 to 10 mg/kg) mg IV q 8 hours

☐ AMPHOTERICIN B Desoxycholate (standard) (0.3 to 1.0 mg/kg) mg IV q24h

☐ AMPICILLIN ☐ 1g or ☐ 2g IV q 6 h or ☐ q 4 h

☐ AMPICILLIN/SULBACTAM ☐ 3 g or ☐ 1.5 g IV q 6 h

☐ CEFAZOLIN 1g IV q 8 h

☐ CLINDAMYCIN ☐ 600 mg or ☐ 900 mg IV q 8 h

☐ CO-TRIMETHOXAZOLE (2.5 to 5 mg/kg) mg IV q h

☐ DOXYCYCLINE 100 mg IV q 12 h

☐ FLUCONAZOLE ☐ 200 mg or ☐ 400 mg IV q 24 h

☐ GENTAMICIN *Extended interval dose:* mg IV q h (7 mg/kg) random drawn 8-12 h after dose

Order Appropriate Serum Levels *Conventional dose:* Peak & Trough drawn around 3rd dose Loading: mg IV Maintenance: mg IV q h

☐ METRONIDAZOLE 500 mg IV q 8 h

☐ NAFCILLIN ☐ 1 g or ☐ 2 g IV q 4 h

☐ PENICILLIN G POTASSIUM 2 Million Units IV q 4 h

☐ PIPERACILLIN 3 g IV q 4 h

☐ PIPERACILLIN / TAZOBACTAM 3.375 g IV q 6 h

☐ TICARCILLIN / CLAVULANATE 3.1 g IV q 6 h

The following agents require approval of the ANTIMICROBIAL TEAM or the I.D. Consultants

- Amikacin
- Aztreonam
- Amphotericin Lipid Complex (Abelcet)
- Amphotericin Liposomal (AmBisome)
- Cefepime
- Ciprofloxacin IV
- Flucytosine
- Foscarnet
- Ganciclovir
- Gatifloxacin IV
- Imipenem + Cilastatin
- Itraconazole
- Levofloxacin IV
- Linezolid
- Quinupristin/Dalfopristin
- Trimetrexate
- Vancomycin

OK Restricted Agent(s) approved by Infectious Diseases Attending / Fellow: (ID has to co-sign order or call Pharmacy at 328-5644 with approval) PRINT NAME Beeper:

Other Antimicrobials: PLEASE INDICATE DRUG, DOSE, FREQUENCY, and ROUTE OF ADMINISTRATION ON ALL ORDERS.

☐ 1.

☐ 2.

☐ 3.

☐ 4.

Date	Time	Prescribed By	Print Name / Service	Beeper #	Identification No.	Nurse's Initials

Age (years) Weight (kg)

Serum Creatinine (mg/dL)

Calculated Creatinine Clearance (CrCl mL/min)

CONSULT PHARMACY FOR ASSISTANCE WITH DOSING

$$CrCl\ (mL/min) = \frac{(140 - age) \times LBW}{SrCr \times 72} \times 0.85 \text{ for females}$$

LBW = Lean Body Weight (kg) ****if SrCr < 0.8 use 1 mg/dL for calculation**

(01/01) **MEDICAL RECORD COPY**