

Patient Name: _____

Date of Birth: _____

Address: _____

Phone: _____

ICD-10 Diagnosis: _____

Daptomycin (Cubicin)

Pharmacy to adjust for renal dysfunction

Dose: _____ mg (4-12 mg/kg depending on indication)

Pharmacy to round within 10% for ease of mixing

Frequency: Every 24 hours Other: _____

Duration: _____ doses _____ days (End date: _____)

Ertapenem (Invanz)

Pharmacy to adjust for renal dysfunction

Dose: 1 gram Other: _____

Frequency: Every 24 hours

Duration: _____ doses _____ days (End date: _____)

Cefepime (Maxipime)

Pharmacy to adjust for renal dysfunction

Dose: 2 grams 1 gram Other: _____

Frequency: Every 8 hours Every 12 hours Other: _____

Duration: _____ doses _____ days (End date: _____)

Other: _____

Pharmacy to adjust for renal dysfunction

Dose: _____

Frequency: Every _____ hours

Duration: _____ doses _____ days (End date: _____)

Labs to be drawn weekly: CBC w/diff CMP BMP ESR CRP CPK (required for dapto)

Other: _____

Other orders/comments: _____

Port/PICC care per protocol will be performed if applicable including Heparin flush (500 units/5 mL) and Cathflo (2 mg) as needed for patients with a port.

Prescriber printed name: _____

Prescriber full address: _____

Office phone number: _____

Office fax number: _____

Prescriber signature

Date

Time

Questions? Call (419) 591-3858. Please fax completed form to (419) 592-4004.



IV ANTIMICROBIALS ORDER FORM

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TRIAL

This document is currently being trialed.