

ASP EMPIRIC THERAPY FOR NECROTIZING INFECTION

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	If patient has a severe beta-lactam allergy, select BOTH aztreonam & metronidazole aztreonam <input type="checkbox"/> 2 g, IVPush, inj, q8h, x 7 days, Skin/skin structure Infection Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes
	metroNIDAZOLE <input type="checkbox"/> 500 mg, IVPB, ivpb, q6h, x 7 days, Skin/skin structure Infection Do not refrigerate. Do not give with drugs containing alcohol. <input type="checkbox"/> 500 mg, PO, tab, QID Do not give with drugs containing alcohol.
	Step 3: Add anti-toxins, unless linezolid selected in Step 1 clindamycin <input type="checkbox"/> 600 mg, IVPB, ivpb, q8h, x 72 hr, Infuse over 30 min, Skin/skin structure Infection
Laboratory	
CK (Creatine Kinase)	
Consults/Referrals	
	Surgery is the primary therapeutic modality Consult MD <input type="checkbox"/> Service: Surgery General

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

