UMC Health System

ASP EMPIRIC THERAPY FOR NECROTIZING INFECTION

Patient Label Here

PHYSICIAN ORDERS				
Diagnosis				
Weight	Allergies			
	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			
	Patient Care			
	Etiology may be polymicrobial (mixed aerobic and anaerobic microbes) or monomicrobial (ie. group A streptococci, community-acquired MRSA)			
	Antibiogram Education ☐ T;N, Routine, ***See link for reference text***			
	Systemic Antibiogram T;N, Routine, ***See link for reference text***			
	Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.			
	Step 1: Choose MRSA coverage:			
	vancomycin □ 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 2 hr, (Loading dose), Skin/skin structure Infection Dose may be rounded if appropriate.			
	vancomycin 15 mg/kg, IVPB, ivpb, q12h, x 7 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Skin/skin structure Infection Dose may be rounded if appropriate.			
	If patient has an allergy to vancomycin, choose one of the following:			
	If linezolid selected, no need to give vancomycin or clindamycin			
	linezolid ☐ 600 mg, IVPB, ivpb, q12h, x 7 days, Infuse over 30 min, Skin/skin structure Infection ☐ 600 mg, PO, tab, BID, x 7 days, Skin/skin structure Infection			
	DAPTOmycin ☐ 6 mg/kg, IVPB, ivpb, q24h, x 7 days, Infuse over 30 min, Skin/skin structure Infection			
	Step 2: Choose Gram-negative and anaerobic coverage			
	If ordering piperacillin-tazobactam, place order for BOTH items			
	piperacillin-tazobactam 4.5 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Skin/skin structure Infection			
	piperacillin-tazobactam 4.5 g, IVPB, ivpb, q8h, x 7 days, Infuse over 4 hr, 4 hour extended infusion, Skin/skin structure Infection			
	If ordering meropenem, place order for BOTH items			
	meropenem 2 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Skin/skin structure Infection			
	meropenem ☐ 2 g, IVPB, ivpb, q8h, x 7 days, Infuse over 3 hr, Skin/skin structure Infection			
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Order Take	n by Signature: Date Time			

Time _

Date

Physician Signature:

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	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			
	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 ☐ 500 mg, IVPB, ivpb, q6h, x 7 days, Skin/skin structure Infection Do not refrigerate. Do not give with drugs containing alcohol. ☐ 500 mg, PO, tab, QID Do not give with drugs containing alcohol.			
	Step 3: Add anti-toxins, unless linezolid selected in Step 1			
	clindamycin 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 ☐ Service: Surgery General			
□ то	☐ Read Back ☐ Sca	nned Powerchart	Scanned PharmScan	
Order Taken by Signature:		Date	Time	
Physician Signature:		Date	Time	