UMC Health System

ASP THERAPY FOR CELLULITIS WOUND INFECTION AS SEPSIS SOURCE

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
	Systemic Antibiogram ☐ T;N, Routine, See link for reference
	Antibiogram Education ☐ T;N, Routine, See link for reference.
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	Step 1: Choose piperacillin-tazobactam If ordering piperacillin-tazobactam, place order for BOTH items **piperacillin-tazobactam** ☐ 4.5 g, IVPB, ivpb, ONE TIME, Infuse over 30 min Pharmacy - Ensure maintenance Extended Infusion dose is also ordered
	piperacillin-tazobactam ☐ 4.5 g, IVPB, ivpb, q8h, Infuse over 4 hr, 4 hour extended infusion, Skin/skin structure infection
	Alternatively, if patient has an allergy to or has received piperacillin-tazobactam in the previous 90 days, choose ciprofloxacin **ciprofloxacin** ☐ 400 mg, IVPB, ivpb, q8h, Infuse over 60 min
	Step 2: If MRSA coverage is needed, add order for vancomycin loading dose (if not already done) and add a second order for vancomycin maintenance dose **vancomycin** ☐ 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose]
	vancomycin ☐ 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____