

ASP THERAPY FOR CELLULITIS/WOUND INFECTION PLAN

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.

For UNCOMPLICATED/non-diabetic, NONPURULENT, MILD cellulitis with suspected Streptococcus (Groups A, B, C, and G)-
Order empiric ORAL therapy

If MRSA is suspected, see below. If MRSA not suspected, choose either penicillin VK OR cephalexin as a single agent

penicillin V potassium

500 mg, PO, tab, QID, x 10 days

cephalexin

500 mg, PO, cap, QID, x 10 days

Alternatively, if patient has an allergy to or has received penicillin or cephalexin in the previous 90 days, choose clindamycin

clindamycin

300 mg, PO, cap, TID, x 10 days

450 mg, PO, cap, TID, x 10 days

If MRSA is suspected:

Step 1: Add either TMP/SMZ or doxycycline.

sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim DS)

1 tab, PO, tab, BID, x 10 days

2 tab, PO, tab, BID, x 10 days

doxycycline

100 mg, PO, cap, BID, x 10 days

Step 2: Choose EITHER cephalexin or amoxicillin.

cephalexin

500 mg, PO, cap, TID, x 10 days

amoxiCILLIN

250 mg, PO, cap, TID, x 10 days

500 mg, PO, cap, TID, x 10 days

For UNCOMPLICATED/non-diabetic, NONPURULENT, MODERATE cellulitis with suspected Streptococcus (Groups A, B, C, and G) -
Order empiric IV therapy

Choose ONE of the following as a single agent:

penicillin G potassium

2.5 million_unit, IVPB, ivpb, q6h, x 10 days

ceFAZolin

1 g, IVPush, inj, q8h, x 10 days

Reconstitute with 10 mL of Sterile Water or NS

Administer IV Push over 3 minutes

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TO Read Back

Scanned Powerchart

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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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
	cefaroline <input type="checkbox"/> 600 mg, IVPB, ivpb, q12h, x 10 days, Infuse over 60 min

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

