## **UMC Health System**

# ASP THERAPY FOR CELLULITIS/WOUND INFECTION PLAN

### **Patient Label Here**

	DUVEIGIAN OPPERS					
PHYSICIAN ORDERS						
Weight	Diagnosis					
Weight	Allergies 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						
	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	S				
	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 Continued on next page					
□ то		Scanned PharmScan				
Order Take	er Taken by Signature: Date	Time				
Physician S	sician 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 by	oox(es) where applicable.			
ORDER	ORDER DETAILS				
	cefTRIAXone  ☐ 1 g, IVPush, inj, q24h, x 10 days Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes				
	Alternatively, if patient has an allergy to or has received penicillin or a cephalosporin in the previous 90 days, choose clindamycin				
	clindamycin ☐ 600 mg, IVPB, ivpb, q8h, x 10 days, Infuse over 30 min				
	For MRSA only. If vancomycin selected, 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, Max Dose 2500 mg, Skin/skin structure infection				
	vancomycin  15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor				
	For patients with malignancy, severe systemic features (high fever & hypotension), unusual predisposing factors, order empiric IV therapy PURULENT/MODERATE/INPATIENT - Always I&D and C&S				
	For Streptococcus and MSSA, choose ONE of the following as a single agent:				
	ceFAZolin  ☐ 1 g, IVPush, inj, q8h, x 10 days Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes				
	nafcillin ☐ 1 g, IVPB, ivpb, q4h, x 10 days, Infuse over 30 min ☐ 12 g, IVPB, ivpb, q24h, x 10 days, Infuse over 24 hr ☐ 2 g, IVPB, ivpb, q4h, x 10 days, Infuse over 24 hr	use over 30 min			
	For MRSA only, choose ONE of the following as a single agent. If vancomycin selected, 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, Max Dose 2500 mg, [MONITORING ADVISED] Pharmacy to dose and monitor, Ski skin structure infection				
	vancomycin  15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor				
	For MRSA only, if documented allergy to vancomycin or Vanc MIC greater than or equal to 2 (must be verified by micro lab), ONE of the following may be ordered				
	DAPTOmycin ☐ 4 mg/kg, IVPB, ivpb, q24h, x 10 days, Infuse over 30 min				
	linezolid ☐ 600 mg, IVPB, ivpb, q12h, x 10 days, Infuse over 120 min				
□ то	TO Read Back Scanned Powerchart Sca	anned PharmScan			
Order Take	er Taken by Signature: Date	Time			
Physician S	sician Signature: Date	Гіте			

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PL	AN				
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ORDER	ORDER DETAILS				
	ceftaroline				
	600 mg, IVPB, ivpb, q12h, x 10 days, Infuse over 60 min				
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan		
Order Taken by Signature:  Physician Signature:		Date	Time		