

ASP THERAPY FOR CLOSTRIDIODES DIFFICILE INFECTION (CDI)

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
	<p>vancomycin (vancomycin oral) <input type="checkbox"/> 125 mg, NGT/PO, liq, QID, x 10 days, Colitis</p>
	<p>.</p> <p>Treatment regimen for INITIAL episode, or FIRST RECURRENCE of CDI:</p> <p>Leukocytosis WBC greater than or equal to 15,000 K/uL</p> <p>OR</p> <p>SCr greater than or equal to 1.5 mg/dL.</p> <p>Clinical Status: Severe</p> <p>vancomycin (vancomycin oral) <input type="checkbox"/> 125 mg, NGT/PO, liq, QID, x 10 days, Colitis</p>
	<p>Fidaxomicin can be considered, but requires ID consult and approval</p> <p>Bezlotoxumab outpatient therapy may be considered if recurrent episode within last 6 months, but requires ID consult and approval</p> <p>.</p> <p>Treatment regimen for INITIAL FULMINANT episode defined as C. difficile colitis with hypotension or shock, ileus or megacolon</p> <p>Select both metronidazole and vancomycin below</p> <p>metronIDAZOLE <input type="checkbox"/> 500 mg, IVPB, ivpb, q8h, Colitis Do NOT switch to oral regimen. Do not refrigerate. Do not give with drugs containing alcohol.</p>
	<p>vancomycin (vancomycin oral) <input type="checkbox"/> 500 mg, NGT/PO, liq, QID, x 10 days, Colitis</p>
	<p>If complete ileus consider adding rectal instillation of vancomycin.</p> <p>vancomycin ENEMA 500 mg/100 mL NS <input type="checkbox"/> 500 mg, rectally, QID <input type="checkbox"/> 100 mL, Every Bag</p>
	<p>Consult MD <input type="checkbox"/> Service: Infectious Disease</p>
	<p>If toxic megacolon suspected, consult surgery</p> <p>Consult MD <input type="checkbox"/> Service: Surgery General</p>
	<p>.</p> <p>Treatment regimen for second or subsequent recurrence. Select ALL FOUR orders for vancomycin to initiate tapered/pulse regimen. If vancomycin has been previously used, fidaxomicin can be considered, but requires ID consult and approval.</p> <p>vancomycin (vancomycin oral) <input type="checkbox"/> 125 mg, NGT/PO, liq, QID, x 10 days, Colitis</p>

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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ORDER	ORDER DETAILS
	vancomycin (vancomycin oral) <input type="checkbox"/> 125 mg, NGT/PO, liq, BID, x 7 days, Colitis
	vancomycin (vancomycin oral) <input type="checkbox"/> 125 mg, NGT/PO, liq, Daily, x 7 days, Colitis
	vancomycin (vancomycin oral) <input type="checkbox"/> 125 mg, NGT/PO, liq, Every other day, x 42 days, Colitis
	For treatment of any subsequent recurrence beyond the second, consider Fecal Microbiota Transplant. Consult MD <input type="checkbox"/> Service: Infectious Disease
Laboratory	
	CBC <input type="checkbox"/> Routine, T;N, Every AM for 3 days <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T;N, Every AM for 1 days
	Comprehensive Metabolic Panel <input type="checkbox"/> Routine, T;N, Every AM for 3 days <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T;N, Every AM for 1 days
	Stool C. difficile by PCR <input type="checkbox"/> Specimen Type: C diff Stool, Routine, T;N
	Albumin Level <input type="checkbox"/> Routine, T;N

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