

<p>UMC Health System</p> <p>ASP THERAPY FOR DIABETIC FOOT INFECTIONS PLAN</p>	<p>Patient Label Here</p>
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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
 Reference Text

Antibiogram Education
 Reference Text

For Chronic Ulcer without signs of infection: DO NOT CULTURE WOUND AND DO NOT TREAT WITH ANTIBIOTICS
 For identification of pathogens, obtaining deep tissue specimens (i.e., bone biopsy, abscess fluid, specimen from debrided ulcer base) are preferred over swab cultures for reliable identification of pathogens and susceptibilities in diabetic foot wounds

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Risk for resistant gram-negative bacteria: RECOMMEND INFECTIOUS DISEASE CONSULT
 OR
 Recent antibiotic exposure within past 90 days: CONSIDER INFECTIOUS DISEASE CONSULT

Mild Infection
 Infection with no systemic manifestations-- only involving the skin or subcutaneous tissue (no deeper) and any erythema present does not extend GREATER THAN 2 cm around the wound
 Oral treatment is preferred for mild infections
 No complicating features. Choose one of the following:

dicloxacillin
 500 mg, PO, QID, NOW, x 7 days, Skin/skin structure Infection

cephalexin
 500 mg, PO, QID, NOW, x 7 days, Skin/skin structure Infection

If patient is allergic to penicillin, choose one of the following:
levofLOXacin
 500 mg, PO, tab, Daily, NOW, x 7 days, Skin/skin structure Infection

doxycycline
 100 mg, PO, cap, BID, NOW, x 7 days, Skin/skin structure Infection
 Give with food.

sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim DS)
 2 tab, PO, tab, BID, x 7 days, Skin/skin structure Infection
 Give with plenty of water

Recent antibiotic exposure within the past 90 days. Choose one of the following:
amoxiCILLIN-clavulanate
 875 mg, PO, tab, BID, NOW, x 7 days, Skin/skin structure Infection

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	sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim DS) <input type="checkbox"/> 2 tab, PO, tab, BID, x 7 days, Skin/skin structure Infection Give with plenty of water
	levoFLOXacin <input type="checkbox"/> 750 mg, PO, tab, Daily, NOW, x 7 days, Skin/skin structure Infection
	If MRSA coverage is needed, choose one of the following: sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim DS) <input type="checkbox"/> 2 tab, PO, tab, BID, x 7 days, Skin/skin structure Infection Give with plenty of water
	doxycycline <input type="checkbox"/> 100 mg, PO, cap, BID, NOW, x 7 days, Skin/skin structure Infection Give with food.
	If MRSA coverage needed and organism is also resistant to doxycycline AND sulfamethoxazole/trimethoprim, choose linezolid. linezolid <input type="checkbox"/> 600 mg, PO, BID, x 7 days, Skin/skin structure Infection
	Moderate Infection Infection with no systemic manifestations and involving erythema extending GREATER THAN OR EQUAL TO 2 cm from the wound margin, and/or tissue deeper than skin and subcutaneous tissues (e.g., tendon, muscle, joint) Duration may vary dependent on severity of involvement from 14-42 days. Consider Infectious Disease consult to determine most appropriate duration No Complicating features. Choose one of the following: amoxiCILLIN-clavulanate (amoxiCILLIN-clavulanate 875 mg oral tablet) <input type="checkbox"/> 875 mg, PO, tab, BID, NOW, x 14 days, Skin/skin structure Infection Administer with meals. Not for use in CrCl <30 mL/min.
	ampicillin-sulbactam <input type="checkbox"/> 3 g, IVPB, ivpb, q6h, x 14 days, Infuse over 30 min, Skin/skin structure Infection
	Alternatively, choose ceftriaxone AND metronidazole combination therapy cefTRIAxone <input type="checkbox"/> 2 g, IVPB, q24h, x 14 days, Skin/skin structure Infection Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes Continued on next page....

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p>metronIDAZOLE <input type="checkbox"/> 500 mg, PO, tab, TID, NOW, x 14 days, Skin/skin structure Infection Do not give with drugs containing alcohol.</p>
	<p>If patient is allergic to penicillin, choose one of the following combination therapies: clindamycin AND levoFLOXacin clindamycin <input type="checkbox"/> 450 mg, PO, cap, q8h, x 14 days, Skin/skin structure Infection</p>
	<p>levoFLOXacin <input type="checkbox"/> 500 mg, PO, tab, Daily, NOW, x 14 days, Skin/skin structure Infection <input type="checkbox"/> 750 mg, PO, tab, Daily, NOW, x 14 days, [If risk of Pseudomonas], Skin/skin structure Infection</p>
	<p>aztreonam AND vancomycin AND metronidazole aztreonam <input type="checkbox"/> 2 g, IVPB, ivpb, q8h, x 14 days, Infuse over 30 min, Skin/skin structure Infection</p>
	<p>vancomycin <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 90 min, (Loading dose), [MONITORING ADVISED] Pharmacy to dose and monitor, Skin/skin structure Infection Dose may be rounded if appropriate.</p>
	<p>vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, x 14 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Skin/skin structure Infection Dose may be rounded if appropriate.</p>
	<p>metronIDAZOLE <input type="checkbox"/> 500 mg, PO, tab, TID, NOW, x 14 days, Skin/skin structure Infection Do not give with drugs containing alcohol. <input type="checkbox"/> 500 mg, IVPB, ivpb, q8h, x 14 days, Skin/skin structure Infection Do not refrigerate. Do not give with drugs containing alcohol.</p>
	<p>Recent antibiotic exposure within the past 90 days. Choose one of the following: piperacillin-tazobactam <input type="checkbox"/> 3.375 g, IVPB, ivpb, q6h, x 14 days, Infuse over 30 min, Skin/skin structure Infection <input type="checkbox"/> 4.5 g, IVPB, ivpb, q6h, x 14 days, Infuse over 30 min, [If risk of Pseudomonas], Skin/skin structure Infection</p>
	<p>meropenem <input type="checkbox"/> 1 g, IVPB, ivpb, q8h, x 14 days, Skin/skin structure Infection</p>
	<p>Or cefepime AND metronidazole combination therapy: cefepime <input type="checkbox"/> 2 g, IVPB, ivpb, q8h, x 14 days, Infuse over 30 min, Skin/skin structure Infection</p>

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ORDER	ORDER DETAILS
	<p>metroNIDAZOLE</p> <p><input type="checkbox"/> 500 mg, PO, tab, TID, NOW, x 14 days, Skin/skin structure Infection Do not give with drugs containing alcohol.</p> <p><input type="checkbox"/> 500 mg, IVPB, ivpb, q8h, x 14 days, Skin/skin structure Infection Do not refrigerate. Do not give with drugs containing alcohol.</p>
	<p>If MRSA is suspected, add one of the following orders. If vancomycin selected, select both loading and maintenance dose orders.</p> <p>doxycycline</p> <p><input type="checkbox"/> 100 mg, PO, cap, BID, NOW, x 14 days, Skin/skin structure Infection Give with food.</p> <p><input type="checkbox"/> 100 mg, IVPB, cap, q12h, x 14 days, Skin/skin structure Infection Give with food.</p>
	<p>vancomycin</p> <p><input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 90 min, (Loading dose), [MONITORING ADVISED] Pharmacy to dose and monitor, Skin/skin structure Infection Dose may be rounded if appropriate.</p>
	<p>vancomycin</p> <p><input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, x 14 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Skin/skin structure Infection Dose may be rounded if appropriate.</p>
	<p>DAPTOmycin</p> <p><input type="checkbox"/> 6 mg/kg, IVPB, ivpb, q24h, x 14 days, Infuse over 30 min, Skin/skin structure Infection</p>
	<p>If hardware in place and MRSA confirmed, may consider in COMBINATION with MRSA agent</p> <p>rifAMPin</p> <p><input type="checkbox"/> 300 mg, PO, cap, BID, Skin/skin structure Infection</p>
	<p>Severe Infection (Including osteomyelitis)</p> <p>Duration may vary dependent on severity of involvement from 14-42 days. Consider Infectious Disease consult to determine most appropriate duration.</p> <p>Any foot infection with associated systemic manifestations (of the systemic inflammatory response syndrome [SIRS]), as manifested by GREATER THAN OR EQUAL TO 2 of the following:</p> <p>Temperature: GREATER THAN 38C or LESS THAN 36C Heart rate: GREATER THAN 90 beats/min Respiratory rate: GREATER THAN 20 breaths/min or PaCO2 LESS THAN 4.3 kPa (32 mmHg) White blood cell count: GREATER THAN 12,000/mm3, or LESS THAN 4,000/mm3, or GREATER THAN 10% immature (band) forms</p> <p>Choose one of the following as a single agent:</p> <p>piperacillin-tazobactam</p> <p><input type="checkbox"/> 3.375 g, IVPB, ivpb, q6h, x 14 days, Infuse over 30 min, Skin/skin structure Infection</p> <p><input type="checkbox"/> 4.5 g, IVPB, ivpb, q6h, x 14 days, Infuse over 30 min, [If risk of Pseudomonas], Skin/skin structure Infection</p>
	<p>meropenem</p> <p><input type="checkbox"/> 1 g, IVPB, ivpb, q8h, x 14 days, Skin/skin structure Infection</p>

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ASP THERAPY FOR DIABETIC FOOT INFECTIONS PLAN

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
	Or cefepime AND metronidazole combination therapy: cefepime <input type="checkbox"/> 2 g, IVPB, ivpb, q8h, x 14 days, Infuse over 30 min, Skin/skin structure Infection
	metroNIDAZOLE <input type="checkbox"/> 500 mg, PO, tab, TID, NOW, x 14 days, Skin/skin structure Infection Do not give with drugs containing alcohol. <input type="checkbox"/> 500 mg, IVPB, ivpb, q8h, x 14 days, Skin/skin structure Infection Do not refrigerate. Do not give with drugs containing alcohol.
	If patient is allergic to penicillin, choose the following aztreonam AND metronidazole combination therapy: aztreonam <input type="checkbox"/> 2 g, IVPB, ivpb, q8h, x 14 days, Infuse over 30 min, Skin/skin structure Infection
	metroNIDAZOLE <input type="checkbox"/> 500 mg, PO, tab, TID, NOW, x 14 days, Skin/skin structure Infection Do not give with drugs containing alcohol. <input type="checkbox"/> 500 mg, IVPB, ivpb, q8h, x 14 days, Skin/skin structure Infection Do not refrigerate. Do not give with drugs containing alcohol.
	If MRSA is suspected, add one of the following orders. If vancomycin selected, select both loading and maintenance dose orders. vancomycin <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 90 min, (Loading dose), [MONITORING ADVISED] Pharmacy to dose and monitor, Skin/skin structure Infection Dose may be rounded if appropriate.
	vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, x 14 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Skin/skin structure Infection Dose may be rounded if appropriate.
	DAPTOmycin <input type="checkbox"/> 6 mg/kg, IVPB, ivpb, q24h, x 14 days, Infuse over 30 min, Skin/skin structure Infection
	If hardware in place and MRSA confirmed, may consider in COMBINATION with MRSA agent rifAMPin <input type="checkbox"/> 300 mg, PO, cap, BID, Skin/skin structure Infection
	ASP Therapy for Osteomyelitis (Consider Infectious Disease Consult)
Laboratory	
	Sed Rate (ESR) <input type="checkbox"/> Routine, T;N, for 1 times
	C Reactive protein (CRP) <input type="checkbox"/> Routine, T;N, for 1 times

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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 daptomycin ordered: CK (Creatine Kinase) <input type="checkbox"/> Routine, T;N, for 1 times

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ASP THERAPY FOR OSTEOMYELITIS PLAN

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
Patient Care	
	Systemic Antibiogram <input type="checkbox"/> T;N, Routine, See link for reference text.
	Antibiogram Education <input type="checkbox"/> 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.	
	Order empiric IV therapy for PROSTHETIC JOINT INFECTIONS or VERTEBRAL OSTEOMYELITIS For Staphylococcus If oxacillin susceptible and no allergy to penicillin or cephalosporin, select one of the following. Agents listed in order of ASP preference nafcillin <input type="checkbox"/> 12 g, IVPB, ivpb, q24h, x 42 days, Infuse over 24 hr, Bone/Joint
	ceFAZolin <input type="checkbox"/> 1 g, IVPush, inj, q8h, x 42 days, Bone/Joint Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes <input type="checkbox"/> 2 g, IVPush, inj, q8h, x 42 days, Bone/Joint Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes
	cefTRIAxone <input type="checkbox"/> 1 g, IVPush, inj, q24h, x 42 days, Bone/Joint Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes <input type="checkbox"/> 2 g, IVPush, inj, q24h, x 42 days, Bone/Joint Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes
	If oxacillin resistant or allergy to penicillin or cephalosporin, select one of the following. Agents listed in order of ASP preference. If vancomycin chosen, add order for loading dose (if not already done) and a second order for maintenance dose vancomycin <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Bone/Joint
	vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, x 42 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Bone/Joint
	DAPTOmycin <input type="checkbox"/> 6 mg/kg, IVPB, ivpb, q24h, x 42 days, Infuse over 30 min, Bone/Joint <input type="checkbox"/> 8 mg/kg, IVPB, ivpb, q24h, x 42 days, Infuse over 30 min, Bone/Joint
	Based on provider preference, if covering for MRSA, may add rifampin. rifAMPin <input type="checkbox"/> 300 mg, PO, cap, BID, x 42 days, Bone/Joint

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ASP THERAPY FOR OSTEOMYELITIS PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	For Enterococcus If penicillin susceptible and no allergy, select one of the following. Agents listed in order of ASP preference penicillin G potassium <input type="checkbox"/> 20 million_unit, IVPB, ivpb, q24h, x 42 days, Infuse over 24 hr, Bone/Joint Must be infused over 24 hours.
	ampicillin <input type="checkbox"/> 2 g, IVPB, ivpb, q4h, x 42 days, Infuse over 60 min, Bone/Joint
	If penicillin resistant or allergy, select vancomycin. If vancomycin chosen, add order for loading dose (if not already done) and a second order for maintenance dose. vancomycin <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Bone/Joint
	vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, x 42 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Bone/Joint
	If vancomycin resistant, select daptomycin DAPTOmycin <input type="checkbox"/> 6 mg/kg, IVPB, ivpb, q24h, x 42 days, Infuse over 30 min, Bone/Joint <input type="checkbox"/> 8 mg/kg, IVPB, ivpb, q24h, x 42 days, Infuse over 30 min, Bone/Joint
	For Pseudomonas aeruginosa Choose one of the following as a single agent. Agents listed in order of ASP preference cefTAZidime (Fortaz) <input type="checkbox"/> 2 g, IVPush, inj, q8h, x 42 days, Bone/Joint Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes
	ciprofloxacin <input type="checkbox"/> 400 mg, IVPB, ivpb, q12h, x 42 days, Infuse over 60 min, Bone/Joint
	cefepime <input type="checkbox"/> 2 g, IVPB, ivpb, q8h, x 42 days, Infuse over 30 min, Bone/Joint
	meropenem <input type="checkbox"/> 1 g, IVPB, ivpb, q8h, x 42 days, Infuse over 30 min, Bone/Joint
	For Enterobacter Choose one of the following as a single agent. Agents listed in order of ASP preference ciprofloxacin <input type="checkbox"/> 400 mg, IVPB, ivpb, q12h, x 42 days, Infuse over 60 min, Bone/Joint

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