

ASP THERAPY FOR INTRA-ABDOMINAL INFECTION AS SEPSIS SOURCE

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 text.

Antibiogram Education

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.

Step 1: Choose either piperacillin-tazobactam OR ceftriaxone/metronidazole OR meropenem (agents in order of ASP preference)

If ordering piperacillin-tazobactam, place order for BOTH items

piperacillin-tazobactam

4.5 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Intra-abdominal infection
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, Intra-abdominal infection

OR select both cefTRIAxone AND metroNIDAZOLE

cefTRIAxone

1 g, IVPush, inj, q24h, Intra-abdominal infection
Reconstitute with 10 mL of Sterile Water or NS
Administer IV Push over 3 minutes

metroNIDAZOLE

500 mg, IVPB, ivpb, q8h, Infuse over 60 min, Intra-abdominal infection

If ordering meropenem, place order for BOTH items

meropenem

1 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Intra-abdominal infection
Pharmacy - Ensure maintenance Extended Infusion dose is also ordered

meropenem

1 g, IVPB, ivpb, q8h, Infuse over 3 hr, Intra-abdominal infection

Alternatively, if patient has an allergy to or has received these in the previous 90 days, choose both aztreonam AND metroNIDAZOLE

aztreonam

1 g, IVPush, inj, q8h, Intra-abdominal infection
Reconstitute with 10 mL of Sterile Water or NS
Administer IV Push over 3 minutes

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TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



