UMC Health System

ASP THERAPY FOR LINE-RELATED INFECTION AS SEPSIS SOURCE

Patient Label Here

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.
	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, [Loading Dose]
	vancomycin ☐ 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor
	Alternatively, if patient is allergic to or has received vancomycin in the previous 90 days, choose DAPTOmycin. **DAPTOmycin** ☐ 6 mg/kg, IVPB, ivpb, q24h, Infuse over 30 min

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____

1201