

UMC Health System ASP THERAPY FOR MENINGITIS PLAN	Patient Label Here
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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
 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: Select the following as empiric therapy for S. pneumo, meningococci, H. flu.
cefTRIAxone
 2 g, IVPush, inj, q12h, x 14 days
 Reconstitute with 10 mL of Sterile Water or NS
 Administer IV Push over 3 minutes

Alternatively, if patient has an allergy to beta-lactams, choose aztreonam
aztreonam
 2 g, IVPush, inj, q8h, x 14 days
 Reconstitute with 10 mL of Sterile Water or NS
 Administer IV Push over 3-5 minutes

Step 2: For age greater than or equal to 50 years OR alcoholism, debilitating disease, impaired cellular immunity, add coverage for Listeria:
ampicillin
 2 g, IVPB, ivpb, q4h, x 14 days, Infuse over 30 min, CNS infection

Step 3: Add vancomycin. Select 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, CNS infection

vancomycin
 20 mg/kg, IVPB, ivpb, q12h, x 14 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor

Step 4: If aseptic meningitis due to HSV is suspected (eg, concomitant genital lesions), add acyclovir. Discontinue Acyclovir if/when CSF analysis and HSV results are not consistent with viral meningitis.
acyclovir
 10 mg/kg, IVPB, inj, q8h, Infuse over 60 min

Step 5: Add dexamethasone. Give before or at time of 1st dose of antibiotics. Discontinue if S. pneumoniae is ruled out for adults.
dexamethasone
 10 mg, IVPush, inj, q6h, x 4 days
 Give before or at time of 1st dose of antibiotics.
 Discontinue if S. pneumo is ruled out for adults.
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TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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Order Taken by Signature: _____ Date _____ Time _____

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