

<p>UMC Health System</p> <p>ASP THERAPY FOR OSTEOMYELITIS 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

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
 12 g, IVPB, ivpb, q24h, x 42 days, Infuse over 24 hr, Bone/Joint

ceFAZolin
 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
 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
 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
 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
 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, Bone/Joint

vancomycin
 15 mg/kg, IVPB, ivpb, q12h, x 42 days, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Bone/Joint

DAPTOmycin
 6 mg/kg, IVPB, ivpb, q24h, x 42 days, Infuse over 30 min, Bone/Joint
 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
 300 mg, PO, cap, BID, x 42 days, Bone/Joint

For Enterococcus

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ASP THERAPY FOR OSTEOMYELITIS PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	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, IVPush, inj, q8h, x 42 days, Bone/Joint Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes
	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
	cefepime <input type="checkbox"/> 2 g, IVPush, inj, q12h, x 42 days, Bone/Joint Reconstitute with 10-20 mL of Sterile Water or NS

TO Administer IV Push over 3 minutes
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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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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
	<p>For Salmonella species</p> <p>Choose one of the following as a single agent. Agents listed in order of ASP preference</p> <p>ciprofloxacin</p> <p><input type="checkbox"/> 400 mg, IVPB, ivpb, q12h, x 42 days, Infuse over 60 min, Bone/Joint</p>
	<p>cefTRIAxone</p> <p><input type="checkbox"/> 2 g, IVPush, inj, q24h, x 42 days, Bone/Joint</p> <p>Reconstitute with 20 mL of Sterile Water or NS</p> <p>Administer IV Push over 3 minutes</p>

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

