

<b>UMC Health System</b>  DALBAVANCIN INFUSION MED 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**

Patient must be physically located in the EC or in an OUTPATIENT setting and meet inclusion criteria for consideration for Dalbavancin Infusion.

This plan is to be used in the EC for patients with skin structure infections (ABSSSI) without complications. This includes cellulitis, erysipelas, wound infection, and cutaneous abscess.

If patient is observation status but not physically located in the EC and meets inclusion criteria for consideration for dalbavancin infusion, Pharmacy Director MUST be contacted for review and approval.

**Allergan Patient Assistance Application**  
 Please print out forms.

**Communication**

Patient must be located in the emergency center and meet dalbavancin criteria OR pharmacy will REJECT the use of this medication.

**Inclusion/Exclusion Criteria for Dalbava (Inclusion/Exclusion Criteria for Dalbavancin Infusion)**  
 Powerform attached

**Dalbavancin Criteria**

**Medications**

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

Dalbavancin dose adjusted based on renal function.

**dalbavancin**  
 1,125 mg, IVPB, ivpb, ONE TIME, Infuse over 30 min, For CrCl less than 30 mL/min, Skin/skin structure Infection  
 1,500 mg, IVPB, ivpb, ONE TIME, Infuse over 30 min, For CrCl greater than or equal to 30 mL/min, Skin/skin structure Infection

**Medication Management**

ONE TIME, Start date T;N

Dalbavancin has been ordered for infusion in the emergency center or ambulatory care center. Please assure patient meets criteria and has no exclusions by checking that the inclusion/exclusion criteria are filled out appropriately prior to verifying order (The Criteria form can be found under the Form Browser tab in power chart). If any exclusion criteria apply, please call provider to discuss

**Consults/Referrals**

Patient should be counseled to return to EC if no improvement at 72 hours or worsening.

**Discharge Follow-up Appointment**

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TO  Read Back  Scanned Powerchart  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_