UMC Health System

PEDIATRIC ASP THERAPY FOR CELLULITIS/SKIN AND SOFT TISSUE INFECTION

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
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	For NONinvasive/UNcomplicated skin infection with MSSA or GAS suspected Select ONE for empiric therapy **nafcillin (nafcillin pediatric)** ☐ 37.5 mg/kg, IVsyr, syringe, q6h, Max single dose: 2,000 mg, Skin/skin structure Infection Max single dose: 2,000 mg
	ceFAZolin (ceFAZolin pediatric) ☐ 33 mg/kg, IVsyr, syringe, q8h, Max single dose: 1,000 mg, Skin/skin structure Infection Max single dose: 1,000 mg
	clindamycin (clindamycin pediatric) ☐ 13 mg/kg, IVsyr, syringe, q8h, Max single dose: 600 mg, Skin/skin structure Infection Max single dose: 600 mg
	For Complicated skin infection with MRSA or GAS suspected Select ONE or BOTH. If there is no concern for GAS, only select vancomycin. **clindamycin (clindamycin pediatric)** ☐ 13 mg/kg, IVsyr, syringe, q8h, Max single dose: 600 mg, Skin/skin structure Infection Max single dose: 600 mg
	vancomycin (vancomycin pediatric) ☐ 10 mg/kg, IVsyr, syringe, q6h, [MONITORING ADVISED] Pharmacy to dose and monitor, Skin/skin structure Infection
	For Invasive/Complicated skin infection (including necrotizing fasciitis, toxic shock syndrome) Step 1: Select ONE of the following **ampicillin-sulbactam (ampicillin-sulbactam pediatric)** ☐ 50 mg/kg, IVsyr, syringe, q6h, Max single dose: 2,000 mg ampicillin component, Skin/skin structure Infection Max single dose: 2,000 mg ampicillin component
	clindamycin (clindamycin pediatric) ☐ 13 mg/kg, IVsyr, syringe, q8h, Max single dose: 600 mg, Skin/skin structure Infection Max single dose: 600 mg
	Step 2: Select vancomycin for MRSA **vancomycin (vancomycin pediatric)** ☐ 15 mg/kg, IVsyr, syringe, q6h, [MONITORING ADVISED] Pharmacy to dose and monitor, Skin/skin structure Infection

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

Order Taken by Signature: _____ Date _____ Time _____

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