

PEDIATRIC ASP THERAPY FOR OSTEOMYELITIS PLAN

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.

Patients LESS than 3 months of age
 Neonates (1-28 days) Term:
 Choose nafcillin as a single agent

nafcillin (nafcillin neonatal)

- 50 mg/kg, IVPB syr, syringe, q12h, [0-7 days of life], Bone/Joint Infection
- 50 mg/kg, IVPB syr, syringe, q8h, [GREATER than 7 days], Bone/Joint Infection

If MRSA suspected choose BOTH vancomycin and gentamicin

vancomycin (vancomycin neonatal)

- 10 mg/kg, IVPB syr, syringe, q8h, Bone/Joint Infection

gentamicin (gentamicin neonatal)

- 4 mg/kg, IVPB syr, syringe, q24h, Bone/Joint Infection

Patients 1 month to LESS than 3 months

Strep. agalactiae and other gram neg. organisms: Choose BOTH cefTRIAxone and vancomycin

cefTRIAxone (cefTRIAxone pediatric)

- 50 mg/kg, IVPB syr, syringe, q24h, Max single dose: 2,000 mg, Bone/Joint Infection
 Max single dose: 2,000 mg

vancomycin (vancomycin pediatric)

- 10 mg/kg, IVPB syr, syringe, q8h, Bone/Joint Infection

For Patients GREATER than 3 months of age

Age 3 months to 5 years: well appearing & clinically stable

Strep. Pyogenes, Strep. pneumonia, Kingella kingae, MSSA

ceFAZolin (ceFAZolin pediatric)

- 50 mg/kg, IVPB syr, syringe, q8h, Max single dose: 2,000 mg, Bone/Joint Infection
 Max single dose: 2,000 mg

For MRSA and H. influenzae choose BOTH clindamycin and cefTRIAxone

clindamycin (clindamycin pediatric)

- 13 mg/kg, IVPB syr, syringe, q8h, Max single dose: 600 mg, Bone/Joint Infection
 Max single dose: 600 mg

cefTRIAxone (cefTRIAxone pediatric)

- 50 mg/kg, IVPB syr, syringe, q24h, Max single dose: 2,000 mg, Bone/Joint Infection
 Max single dose: 2,000 mg

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



PEDIATRIC ASP THERAPY FOR OSTEOMYELITIS PLAN

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>Age 3 months to 5 years: if ill appearing and critical start vancomycin AND cefTRIAxone</p> <p>vancomycin (vancomycin pediatric)</p> <p><input type="checkbox"/> 15 mg/kg, IVPB syr, syringe, q6h, 3 months - 12 years of age, Bone/Joint Infection</p> <p><input type="checkbox"/> 15 mg/kg, IVPB syr, syringe, q8h, GREATER than 13 years old, Bone/Joint Infection</p>
	<p>cefTRIAxone (cefTRIAxone pediatric)</p> <p><input type="checkbox"/> 50 mg/kg, IVPB syr, syringe, q24h, Max single dose: 2,000 mg, Bone/Joint Infection</p> <p>Max single dose: 2,000 mg</p>
	<p>For staphylococcus: If oxacillin susceptible (MSSA) and no allergy to penicillin or cephalosporin</p> <p>Choose ONE of the following:</p> <p>nafcillin (nafcillin pediatric)</p> <p><input type="checkbox"/> 50 mg/kg, IVPB syr, syringe, q6h, Max single dose: 2,000 mg, Bone/Joint Infection</p> <p>Max single dose: 2,000 mg</p>
	<p>ceFAZolin (ceFAZolin pediatric)</p> <p><input type="checkbox"/> 50 mg/kg, IVPB syr, syringe, q8h, Max single dose: 2,000 mg, Bone/Joint Infection</p> <p>Max single dose: 2,000 mg</p>
	<p>Choose ONE of the following:</p> <p>If oxacillin resistant (MRSA) or allergy to penicillin or cephalosporin</p> <p>vancomycin (vancomycin pediatric)</p> <p><input type="checkbox"/> 15 mg/kg, IVPB syr, syringe, q6h, 3 months - 12 years old, Bone/Joint Infection</p> <p><input type="checkbox"/> 15 mg/kg, IVPB syr, syringe, q8h, GREATER than 13 years old, Bone/Joint Infection</p>
	<p>clindamycin (clindamycin pediatric)</p> <p><input type="checkbox"/> 13 mg/kg, IVPB syr, syringe, q8h, Max single dose: 600 mg, Bone/Joint Infection</p> <p>Max single dose: 600 mg</p>

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

