

PEDIATRIC ASP THERAPY FOR URINARY TRACT INFECTION

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.

Uncomplicated UTI or if IV access is not obtainable.

amoxiCILLIN-clavulanate

20 mg/kg, PO, liq, BID, Ages: 2 - 24 months, Genitourinary Infection

sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim pediatric)

6 mg/kg, PO, liq, BID, Ages: 2 - 24 months Dosing based on trimethoprim component, Genitourinary Infection

4 mg/kg, PO, liq, BID, Ages: Greater than 24 months Dosing based on trimethoprim component, Genitourinary Infection

Max Single Dose = 160 mg of trimethoprim

cefdinir

14 mg/kg, PO, liq, Daily, infants, children, and adolescents, Genitourinary Infection

Max: 600 mg/day

Complicated UTI and IV therapy options

cefTRIAxone (cefTRIAxone pediatric)

50 mg/kg, IVPB syr, syringe, q24h, Genitourinary Infection

Max: 2,000 mg/dose

75 mg/kg, IVPB syr, syringe, q24h, Genitourinary Infection

Max: 2,000 mg/dose

If patient has an allergy to either cephalosporin, penicillin, or sulfa choose ONE of the following:

aztreonam (aztreonam pediatric)

30 mg/kg, IVPB syr, syringe, q8h, Genitourinary Infection

Choose ciprofloxacin if patient is allergic to aztreonam

ciprofloxacin

10 mg/kg, PO, liq, BID, Genitourinary Infection

Max: 750 mg/dose

6 mg/kg, IVPB, syringe, q8h, Genitourinary Infection

Max: 400 mg/dose

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

