
 <p style="text-align: center;">Oregon Health & Science University Hospital and Clinics Provider's Orders</p> <p style="font-size: small;">PO9031</p>  <p style="text-align: center;">ADULT AMBULATORY INFUSION ORDER Antibiotic Therapy (Cephalosporin, Fluoroquinolone, and Others)</p> <p style="text-align: center; font-size: x-small;">Page 1 of 4</p>	<p>ACCOUNT NO.</p> <p>MED. REC. NO.</p> <p>NAME</p> <p>BIRTHDATE</p> <p style="text-align: right; font-size: x-small;"><i>Patient Identification</i></p>
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE	

Weight: _____ kg **Height:** _____ cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ **Patient to follow up with provider on date:** _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET** and **H&P** or most recent chart note.

LABS:

- CBC with differential, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – Circle One
- CMP, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – Circle One
- Labs already drawn. Date: _____

NURSING ORDERS:

1. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, dec clotting (alteplase), and/or dressing changes
2. In the case of sulfamethoxazole/trimethoprim (BACTRIM), flush IV line with 5 mL dextrose 5% before and after each infusion.

MEDICATIONS:

Cephalosporins:

- ceFAZolin 500 mg in sodium chloride 0.9% 100 mL IV, ONCE over 20-40 minutes
- ceFAZolin 1 gram in sodium chloride 0.9% 100 mL IV, ONCE over 20-40 minutes
- ceFAZolin 6 grams over 1 day in sodium chloride 0.9% 151.2 mL IV, ONCE over 24 hours, continuous infusion via CADD (OHSU only)

- ceFEPime 1 gram in sodium chloride 0.9% 50 mL IV, ONCE over 30 minutes
- ceFEPime 2 grams in sodium chloride 0.9% 50 mL IV, ONCE over 30 minutes
- ceFEPime 4 grams over 1 day in sodium chloride 0.9% 100.8 mL IV, ONCE over 24 hours, continuous infusion via CADD (OHSU only)
- ceFEPime 6 grams over 1 day in sodium chloride 0.9% 151.2 mL IV, ONCE over 24 hours, continuous infusion via CADD (OHSU only)



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- cefTAZidime 1 gram in sodium chloride 0.9% 100 mL IV, ONCE over 15-30 minutes
- cefTAZidime 2 grams in sodium chloride 0.9% 100 mL IV, ONCE over 15-30 minutes
- cefTAZidime 6 grams over 1 day in sodium chloride 0.9% 151.2 mL IV, ONCE over 24 hours, continuous infusion via CADD (OHSU only)

- cefTRIAxone 1 gram in sodium chloride 0.9% 50 mL IV, ONCE over 30 minutes
- cefTRIAxone 2 grams in sodium chloride 0.9% 50 mL IV, ONCE over 30 minutes

Interval: (must check one)

- ONCE
- Daily x ____ doses

Fluoroquinolones:

- ciprofloxacin 200 mg in sodium chloride 0.9% 200 mL IV, ONCE over 60 minutes
- ciprofloxacin 400 mg in sodium chloride 0.9% 200 mL IV, ONCE over 60 minutes

- levoFLOxacin 250 mg in sodium chloride 0.9% 50 mL IV, ONCE over 60 minutes
- levoFLOxacin 500 mg in sodium chloride 0.9% 100 mL IV, ONCE over 60 minutes
- levoFLOxacin 750 mg in sodium chloride 0.9% 150 mL IV, ONCE over 90 minutes

Interval: (must check one)

- ONCE
- Daily x ____ doses

Other:

- azithromycin 250 mg in sodium chloride 0.9% 250 mL IV, ONCE over 60 minutes
- azithromycin 500 mg in sodium chloride 0.9% 250 mL IV, ONCE over 60 minutes

- clindamycin 600 mg in sodium chloride 0.9% 50 mL IV, ONCE over 30 minutes
- clindamycin 900 mg in sodium chloride 0.9% 50 mL IV, ONCE over 30 minutes

- doxycycline 100 mg in sodium chloride 0.9% 250 mL IV, ONCE over 60 minutes
- doxycycline 200 mg in sodium chloride 0.9% 250 mL IV, ONCE over 60 minutes

- sulfamethoxazole/trimethoprim 5 mg/kg = _____ mg in **dextrose 5% IV**, ONCE over 60-90 minutes

- Other (drug, dose, route):** _____
(Pharmacist to confirm availability)

Interval: (must check one)

- ONCE
- Daily x ____ doses



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FOR InfuSystem™ AMBULATORY PUMP USE (OHSU only; hook up at infusion location):

Duration:

_____ days

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

By signing below, I represent the following:

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: Oregon _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____



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Please check the appropriate box for the patient's preferred clinic location:

Hillsboro Medical Center

Infusion Services
364 SE 8th Ave, Medical Plaza Suite 108B
Hillsboro, OR 97123

Phone number: (503) 681-4124

Fax number: (503) 681-4120

Adventist Health Portland

Infusion Services
10123 SE Market St
Portland, OR 97216

Phone number: (503) 261-6631

Fax number: (503) 261-6756

Mid-Columbia Medical Center

Celilo Cancer Center
1800 E 19th St
The Dalles, OR 97058

Phone number: (541) 296-7585

Fax number: (541) 296-7610