

**STANDING ORDER FOR HOME**
**IV ANTIBIOTICS  
(Adults 18 & older)**

Page 1 of 2

HT: \_\_\_\_\_ cm

WT: \_\_\_\_\_ kg Allergies \_\_\_\_\_

DATE & TIME	PHYSICIAN'S ORDERS AND DIET
	1. Medication _____
	2. At hospital discharge, FAX a copy of Home Health orders to our office and to the Home Health Agency providing care.
	3. Discharge patient from hospital with new heparin well unless they have a central line, PICC line, or Port-a-Cath. Change heparin well at least Q 96 hours (hrs.) & more frequently PRN clotting.
	4. Flush heparin well with 2cc normal saline before infusion. Flush after each infusion with 2cc normal saline & 1cc Heplock.
	5. Change central line dressing Q 3 days using gauze dressing. Flush unused lumens with 2cc Heplock Q 8 - 12 hours.
	6. For patient with Port-a-Cath, care & maintenance should be per agency policy.
	7. For patient with PICC line, care & maintenance should be per agency policy. If no policy: A. Change dressing 24 hrs. after insertion then Q 7 days & PRN if dressing becomes moist or loose. Measure circumference of upper arm half way between insertion site & shoulder with each dressing change and document. B. Transparent dressing without gauze with each dressing change. Use chloroprep if available. C. Flush PICC line after each use or Q 8-12 hrs. with 3cc normal saline followed by 3cc heparin (100u/cc) D. Instruct patient to use heat & elevate arm as needed for comfort or signs of phlebitis. E. Notify physicians of any of the following: 1) cardiac arrhythmia 2) respiratory distress 3) chest, neck or ear pain 4) numbness or tingling or arm or hand of limb in which PICC is placed 5) catheter embolus
	8. Watch for & report signs & symptoms of infection or side effect (rash, fever, phlebitis, or diarrhea)
	9. Alcoholic beverages Are <input type="checkbox"/> Are Not <input checked="" type="checkbox"/> allowed (Check One)
	10. May give B.I.D. meds 10 to 12 hrs. apart.
	11. After assessment of home environment, family members with demonstrated interest & ability may be taught to administer IV medications.
	12. Labwork: _____ every _____ days antibiotic levels every _____ with random ( ) or peak and trough ( ) (Check One) NOTE: FAX results of lab values to our office
	13. DO NOT draw antibiotic levels through IV line. Use peripheral stick. Draw trough 30 minutes before infusion, and draw peak 1 hr. after infusion completed.
	14. Refer patient to follow-up physician or local E.R. who will evaluate for central line removal within 48 hrs. after completion of IV therapy. NOTE: INFECTIOUS DISEASE PHYSICIANS DO NOT REMOVE LINES.
	<b>PAGE 1 MUST ACCOMPANY PAGE 2</b>

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**Page 2 of 2**

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	15. Discontinue Home Health Care 48 hrs. after last IV antibiotic dose, unless care is ordered and managed by another physician.
	16. Problems not related to antibiotics or infection, call patient's primary physician as needed.
	17. Send out an anaphylaxis kit with medication.  1 bag 250cc Normal Saline  1 IV tubing  2 amps Epinephrine 1:1000 in a brown pouch  1 Benadryl 50 mg/cc  1 filtered needle  3 3cc syringes with needle attached
	18. Physician follow-up with: _____  Physician Signature: _____ Date: _____  Physician ID # _____
	PAGE 2 MUST ACCOMPANY PAGE 1