



attach patient label

Physician Orders

Dialysis IM/IV Push Antibiotics Plan

[X or R] = will be ordered unless marked out.

Height: _____ cm Weight: _____ kg

Allergies: No known allergies

Latex allergy Other: _____

Medications		
<input type="checkbox"/>	ampicillin	2,000 mg, Injection, IV Push, After Dialysis, Routine, T;N
<input type="checkbox"/>	ampicillin	2,000 mg, Injection, IM, After Dialysis, Routine, T;N
<input type="checkbox"/>	ampicillin-sulbactam	3,000 mg, Injection, IV Push, After Dialysis, Routine, T;N
<input type="checkbox"/>	ampicillin-sulbactam IM	3,000 mg, Injection, IM, After Dialysis, Routine, T;N
<input type="checkbox"/>	ceFAZolin	2,000 mg, Injection, IV Push, After Dialysis, Routine, T;N
<input type="checkbox"/>	cefepime	2,000 mg, Injection, IV Push, After Dialysis, Routine, T;N
<input type="checkbox"/>	cefepime IM	2,000 mg, Injection, IM, After Dialysis, Routine, T;N
<input type="checkbox"/>	cefTAZidime	2,000 mg, Injection, IV Push, After Dialysis, Routine, T;N
<input type="checkbox"/>	cefTAZidime IM	2,000 mg, Injection, IM, After Dialysis, Routine, T;N
<input type="checkbox"/>	cefTRIAxone	2,000 mg, Injection, IV Push, After Dialysis, Routine, T;N
<input type="checkbox"/>	cefTRIAxone IM	2,000 mg, Injection, IM, After Dialysis, Routine, T;N
<input type="checkbox"/>	cefuroxime	1,500 mg, Injection, IV Push, After Dialysis, Routine, T;N
<input type="checkbox"/>	DAPTOmycin	8mg/kg, Injection, IV Push, After Dialysis, Routine, T;N
<input type="checkbox"/>	ertapenem IM	1,000 mg, Injection, IM, After Dialysis, Routine, T;N
<input type="checkbox"/>	imipenem-cilastatin IM	1,000 mg, Injection, IM, After Dialysis, Routine, T;N
<input type="checkbox"/>	meropenem	1,000 mg, Injection, IV Push, After Dialysis, Routine, T;N
<input type="checkbox"/>	nafcillin	2,000 mg, Injection, IV Push, After Dialysis, Routine, T;N
<input type="checkbox"/>	nafcillin	2,000 mg, Injection, IM, After Dialysis, Routine, T;N
<input type="checkbox"/>	oxacillin	2,000 mg, Injection, IV Push, After Dialysis, Routine, T;N
<input type="checkbox"/>	oxacillin	2,000 mg, Injection, IM, After Dialysis, Routine, T;N

Date _____ Time _____ Physician's Signature _____ MD Number _____

