

HT: _____ cm WT: _____ kg ALLERGIES: _____

☐

if STAT – Check Box

Intravenous Antimicrobial Order Form

Use this form for all new antibiotic orders. Rewrite every 14 days.

ROUTINE SURGICAL PROPHYLAXIS: Administer single dose within 30 minutes of the first incision.

- ☐ Cefazolin (25 mg/kg/DOSE) _____ mg IV Q8h x 1 2 3 doses (fill in dose and circle # of doses)
☐ Cefoxitin (30 mg/kg/DOSE) _____ mg IV Q6h x 1 2 3 doses (fill in dose and circle # of doses)
☐ _____ mg IV Q ____ h x _____ doses (fill in drug, dose, frequency and # of doses)
☐ _____ mg IV Q ____ h x _____ doses (fill in drug, dose, frequency and # of doses)

ROUTINE ANTIBIOTIC ORDER: CHECK ANTIBIOTIC CHOICE, FILL IN DOSE, CIRCLE ROUTE OF ADMINISTRATION, AND CIRCLE INTERVAL.
 PLEASE NOTE: DOSING AND INTERVAL RECOMMENDATION ASSUMES NORMAL RENAL FUNCTION OUTSIDE THE NEONATAL PERIOD.

ROUTINE ANTIBIOTIC	Dose	Circle Route	Circle Interval	Daily Dosage Range (for normal renal function outside the neonatal period)	MAX Daily Dose
☐ Penicillin		IV IM	Q4h Q6h	CNS infx: 250,000 - 400,000 units/kg/DAY Other: 50,000 - 100,000 units/kg/DAY	24 million units
☐ Ampicillin		IV IM	Q6h	CNS infx: 200 - 400 mg/kg/DAY Other: 100 - 150 mg/kg/DAY	12 g
☐ Nafcillin		IV IM	Q6h	Bone, Joint, CNS infx: 200 mg/kg/DAY Other: 50 - 100 mg/kg/DAY	12 g
☐ Cefazolin		IV IM	Q8h	50 - 150 mg/kg/DAY	12 g
☐ Cefoxitin		IV IM	Q6h Q8h	80 - 160 mg/kg/DAY	12 g
☐ Cefotaxime		IV	Q8h	CNS infx: 200 - 300 mg/kg/DAY Other: 100 - 200 mg/kg/DAY	12 g
☐ Ceftazidime		IV	Q8h	100 - 150 mg/kg/DAY	6 g
☐ Ceftriaxone		IV IM	Q24h Q12h	50 - 75 mg/kg/DAY CNS infx: 80 - 100 mg/kg/DAY	4 g
☐ Gentamicin		IV	Q8h Q ____ h	7.5 mg/kg/DAY	Dose adjusted based on drug levels and renal function
☐ Tobramycin		IV	Q8h Q ____ h	7.5 mg/kg/DAY CF: 10 mg/kg/DAY	Dose adjusted based on drug levels and renal function
☐ Doxycycline		IV	Q12h	2 - 4 mg/kg/DAY	200 mg
☐ Clindamycin		IV IM	Q8h	25 - 40 mg/kg/DAY	4.8 g
☐ Acyclovir		IV	Q8h	Neonatal HSV infections: 60 mg/kg/DAY Older children: 30 mg/kg/DAY	60 mg/kg/DAY
☐ Amphotericin B		IV	Daily	1 mg/kg/DAY	1.5 mg/kg
☐ Amphotericin B lipid base		IV	Daily	5 mg/kg/DAY	6 mg/kg/DAY
☐ Fluconazole		IV	Daily	3 - 12 mg/kg/DAY	600 mg
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Date _____ Time _____

Physician Signature _____ Physician # _____

Printed Name _____ PAGER # _____

HT: _____ cm WT: _____ kg

 ALLERGIES: _____ ☐
if STAT – Check Box Above

Restricted Antimicrobial Order Form

Use this form for all new antibiotic orders. Rewrite every 14 days

RESTRICTED ANTIMICROBIAL USE

Vancomycin **MAY** be ordered for listed Pre-Approved Indications without Infectious Disease approval. All other use of restricted antibiotics must be explicitly approved by Infectious Disease prior to use. Please note: Dosing and interval recommendations assume normal renal function outside the neonatal period.

RESTRICTED ANTIBIOTIC	Dose	Circle Route	Usual Interval	MAX Daily Dose	Pre-Approved Indications: Check the appropriate box as applicable ☐
☐ Caspofungin DAY 1: 70 mg/m ² Thereafter: 50 mg/m ²		IV	Daily		No pre-approved indication, requires ID recommendation
☐ Cefepime CNS infx: 200 mg/kg/DAY Other: 100 - 150 mg/kg/DAY		IV IM	Q8h Q12h	6 g	No pre-approved indication, requires ID recommendation
☐ Meropenem 60 - 120 mg/kg/DAY		IV	Q8h	6 g	No pre-approved indication, requires ID recommendation
☐ Vancomycin CNS infx: 60 mg/kg/DAY Other: 40 mg/kg/DAY		IV	Q6h Q ____ h (Renal Adjustment)	4 g	☐ A: Suspected pneumococcal meningitis or shunt infection ☐ B: Serious infections due to documented β -lactam-resistant gram-positive organisms ☐ C: Infection due to gram-positive organisms in patients allergic to β -lactams ☐ D: Systemic bacterial endocarditis prophylaxis ☐ E: Empiric treatment for infection of prosthetic device ☐ F: Empiric treatment for CVL-related infection with suspicion of gram-positive organism ☐ G: Surgical prophylaxis in patients allergic (including swelling, hives) to β -lactams ☐ H: Empiric treatment for septic shock with suspected gram-positive organism

 Fill in name **ID PHYSICIAN** approving use: _____

Date _____ Time _____

Physician Signature _____ Physician # _____

Printed Name _____ PAGER # _____