Physician Orders ADULT: Commonly Used Antibiotics Plan

Commonly Used Antibiotics Plan
Medications

Diabetic Wound (with suspected polymicrobial site)(NOTE)*
Give both piperacillin-tazobactam AND vancomycin(NOTE)*

☐ +1 Hours piperacillin-tazobactam
3.375 g, IV Piggyback, IV Piggyback, once, STAT
Comments: First dose

☐ +1 Hours piperacillin-tazobactam
3.375 g, IV Piggyback, IV Piggyback, q6h, Routine, (for 7 day )
Comments: To be given 6 hours after first dose

☐ +1 Hours vancomycin
15 mg/kg, Injection, IV Piggyback, once, STAT
Comments: First dose

☐ +1 Hours vancomycin
15 mg/kg, Injection, IV Piggyback, q12h, Routine, (for 7 day )
Comments: To be given 12 hours after first dose
If documented beta lactam allergy then give vancomycin AND aztreonam AND metronidazole(NOTE)*

☐ +1 Hours vancomycin
15 mg/kg, Injection, IV Piggyback, once, STAT
Comments: First dose

☐ +1 Hours vancomycin
15 mg/kg, Injection, IV Piggyback, q12h, Routine, (for 7 day )
Comments: To be given 12 hours after first dose

☐ +1 Hours aztreonam
2 g, IV Piggyback, IV Piggyback, once, STAT
Comments: First dose

☐ +1 Hours aztreonam
2 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 7 day )
Comments: To be given 8 hours after first dose

☐ +1 Hours metroNIZOLE
500 mg, IV Piggyback, IV Piggyback, once, STAT
Comments: First dose

☐ +1 Hours metroNIZOLE
500 mg, IV Piggyback, IV Piggyback, q8h, Routine, (for 7 day )
Comments: To be given 8 hours after first dose

Febrile Neutropenia

☐ +1 Hours cefepime
2 g, IV Piggyback, IV Piggyback, once, STAT
Comments: First dose

☐ +1 Hours cefepime
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2 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 7 day)
Comments: To be given 8 hours after first dose

☐ +1 Hours vancomycin
15 mg/kg, Injection, IV Piggyback, once, STAT
Comments: First dose

☐ +1 Hours vancomycin
15 mg/kg, Injection, IV Piggyback, q12h, Routine, (for 7 day)
Comments: To be given 12 hours after first dose

Urinary Tract Infection (UTI)

☐ +1 Hours cefTRIAXone
2 g, IV Piggyback, IV Piggyback, once, STAT
Comments: First dose

☐ +1 Hours cefTRIAXone
2 g, IV Piggyback, IV Piggyback, q24h, Routine, (for 7 day)
Comments: To be given 24 hours after first dose
If documented beta lactam allergy then give(NOTE)*

☐ +1 Hours aztreonam
1 g, IV Piggyback, IV Piggyback, once, STAT
Comments: First dose

☐ +1 Hours aztreonam
1 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 7 day)
Comments: To be given 8 hours after first dose

Intra-abdominal Source

Option 1 (Mild to Moderate)(NOTE)*

☐ +1 Hours ertapenem
1 g, Injection, IV Piggyback, once, STAT
Comments: First dose

☐ +1 Hours ertapenem
1 g, Injection, IV Piggyback, q24h, Routine, (for 7 day)
Comments: To be given 24 hours after first dose
Option 2 (Severe)(NOTE)*

☐ +1 Hours piperacillin-tazobactam
3.375 g, IV Piggyback, IV Piggyback, once, STAT
Comments: First dose

☐ +1 Hours piperacillin-tazobactam
3.375 g, IV Piggyback, IV Piggyback, q6h, Routine, (for 7 day)
Comments: To be given 6 hours after first dose
Option 3 (Severe)(NOTE)*

☐ +1 Hours meropenem
1 g, Injection, IV Piggyback, once, STAT
Comments: First dose
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Meningitis
Give both Vancomycin AND ceftriaxone, ADD ampicillin if listeria suspected(NOTE)*

- **+1 Hours** vancomycin
  - 20 mg/kg, Injection, IV Piggyback, once, STAT
  - Comments: First dose

- **+1 Hours** cefTRIAXone
  - 2 g, IV Piggyback, q12h, Routine, (for 7 day )
  - Comments: To be given 12 hours after first dose

Pneumonia
Risk Assessment for Resistant Pathogens

**ICU PATIENTS and NO RISK FACTORS**
No Antibiotic Resistant Pathogen Risk Factors Identified(NOTE)*
Give both Ceftriaxone and Moxifloxacin(NOTE)*

- **+1 Hours** cefTRIAXone
  - 2 g, IV Piggyback, q24h, Routine, (for 7 day )
  - Comments: To be given 24 hours after first dose

- **+1 Hours** moxifloxacin
  - 400 mg, IV Piggyback, q24h, Routine, (for 7 day )
  - Comments: To be given 24 hours after first dose

If documented beta lactam allergy then give Moxifloxacin AND Azithromycin(NOTE)*
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- **+1 Hours** moxifloxacin
  400 mg, IV Piggyback, IV Piggyback, once, STAT
  Comments: First dose

- **+1 Hours** moxifloxacin
  400 mg, IV Piggyback, IV Piggyback, q24h, Routine, (for 7 day)
  Comments: To be given 24 hours after first dose

- **+1 Hours** azithromycin
  500 mg, Injection, IV Piggyback, once, STAT
  Comments: First dose

- **+1 Hours** azithromycin
  500 mg, Injection, IV Piggyback, q24h, Routine, (for 7 day)
  Comments: To be given 24 hours after first dose
  If allergic to quinolones: give ceftriaxone AND azithromycin (NOTE)*

- **+1 Hours** cefTRIAXone
  2 g, IV Piggyback, IV Piggyback, once, STAT
  Comments: First dose

- **+1 Hours** cefTRIAXone
  2 g, IV Piggyback, IV Piggyback, q24h, Routine, (for 7 day)
  Comments: To be given 24 hours after first dose

- **+1 Hours** azithromycin
  500 mg, IV Piggyback, IV Piggyback, once, STAT
  Comments: First dose

- **+1 Hours** azithromycin
  500 mg, IV Piggyback, IV Piggyback, q24h, Routine, (for 7 day)
  Comments: To be given 24 hours after first dose

### ICU PATIENTS and RISK FACTORS

Antibiotic Resistant Pathogen Risk Factors Identified (NOTE)*
Give piperacillin-tazobactam (Zosyn) AND Ciprofloxacin AND Vancomycin (NOTE)*

- **+1 Hours** piperacillin-tazobactam
  4.5 g, IV Piggyback, IV Piggyback, once, STAT
  Comments: First dose

- **+1 Hours** piperacillin-tazobactam
  4.5 g, IV Piggyback, IV Piggyback, q6h, Routine, (for 7 day)
  Comments: To be given 6 hours after first dose

- **+1 Hours** ciprofloxacin
  400 mg, IV Piggyback, IV Piggyback, once, STAT
  Comments: First dose

- **+1 Hours** ciprofloxacin
  400 mg, IV Piggyback, IV Piggyback, q8h, Routine, (for 7 day)
  Comments: To be given 8 hours after first dose

- **+1 Hours** vancomycin
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15 mg/kg, Injection, IV Piggyback, once, STAT
Comments: First dose

+1 Hours vancomycin
15 mg/kg, Injection, IV Piggyback, q12h, Routine, (for 7 day )
Comments: To be given 12 hours after first dose
If known or suspected quinolone resistance give piperacillin-tazobactam(Zosyn) PLUS Tobramycin PLUS Azithromycin PLUS Vancomycin(NOTE)*

+1 Hours piperacillin-tazobactam
4.5 g, IV Piggyback, IV Piggyback, once, STAT
Comments: First dose

+1 Hours piperacillin-tazobactam
4.5 g, IV Piggyback, IV Piggyback, q6h, Routine, (for 7 day )
Comments: To be given 6 hours after first dose

+1 Hours tobramycin
7 mg/kg, Injection, IV Piggyback, once, STAT
Comments: First dose

+1 Hours tobramycin
7 mg/kg, Injection, IV Piggyback, q24h, Routine, (for 7 day )

+1 Hours azithromycin
500 mg, IV Piggyback, IV Piggyback, once, STAT
Comments: First dose

+1 Hours azithromycin
500 mg, IV Piggyback, IV Piggyback, q24h, Routine, (for 7 day )
Comments: To be given 24 hours after first dose

+1 Hours vancomycin
15 mg/kg, Injection, IV Piggyback, once, STAT
Comments: First dose

+1 Hours vancomycin
15 mg/kg, Injection, IV Piggyback, q12h, Routine, (for 7 day )
Comments: To be given 12 hours after first dose
If documented beta lactam allergy: Give: Aztreonam AND Moxifloxacin AND Tobramycin AND Vancomycin(NOTE)*

+1 Hours aztreonam
2 g, IV Piggyback, IV Piggyback, once, STAT
Comments: First dose

+1 Hours aztreonam
2 g, IV Piggyback, IV Piggyback, q8h, Routine, (for 7 day )
Comments: To be given 8 hours after first dose

+1 Hours moxifloxacin
400 mg, IV Piggyback, IV Piggyback, once, STAT
Comments: First dose
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☐ +1 Hours moxifloxacin
   400 mg, IV Piggyback, IV Piggyback, q24h, (for 7 day )
   Comments: To be given 24 hours after first dose

☐ +1 Hours tobramycin
   7 mg/kg, Injection, IV Piggyback, once, STAT
   Comments: First dose

☐ +1 Hours tobramycin
   7 mg/kg, Injection, IV Piggyback, q24h, (for 7 day )
   Comments: To be given 24 hours after first dose

☐ +1 Hours vancomycin
   15 mg/kg, Injection, IV Piggyback, once, STAT
   Comments: First dose

☐ +1 Hours vancomycin
   15 mg/kg, Injection, IV Piggyback, q12h, Routine, (for 7 day )
   Comments: To be given 12 hours after first dose

Consults/Notifications/Referrals

☐ Physician Group Consult
   Routine, Reason for Consult: Infectious Disease

☐ Consult Clinical Pharmacist
   Reason: for antibiotic renal dosing

☐ Consult Clinical Pharmacist
   Reason: for aminoglycoside dosing

☐ Pharmacy Consult - Vancomycin Dosing
   qam

Date __________________________ Time __________________________

Physician’s Signature __________________________

MD Number __________________________

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order