

ANTIBIOTIC INFUSION THERAPY ORDER FORM

Phone: 601.482.4003 Fax 601.482.3948

PLEASE ATTACH PATIENT DEMOGRAPHIC AND INSURANCE INFORMATION

NAME	PATIENT DEMOG	RAPHICS										
DIAGNOSIS PHONE # MURICIS MURICIDA	PATIENT											
Neglect Property	NAME			DOB			HEIGHT	EIGHT in W EIGHT I				
PRIMARY RSURANCE # RSURAN		-					ALLERGIE	S		<u> </u>		
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PHONE # PHON												
THERAPY INFORMATION TREATION TO LOWING PROVIDER PHONE # PHONE # PHONE # PHONE # PROVIDER PROVIDER PROVIDER PROVIDER PHONE #												
THERAPY INFORMATION ORDERING PROVIDER PROLIDER FOLIOWING PROVIDER OCENTIAL Line (Tunneled/Mon-lunneled)												
PROVIDER	CONTACT	FACT PHONE #										
PROVIDER PROVIDER PHONE # PHONE # PHONE # PROLEDMING PROVIDER P	THERAPY INFORM	MATION										
PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER ORDERS**	ORDERING											
Type OF Central Line [Tunneled/Non-tunneled] Peripheral IV Port: Needle size Accessed Midline: Jume PicC: Jume Other: Midline: Jume PicC: Jume Other: Midline: Jume PicC: Jume Other: Midline: Midline							PHONE	#				
Central Line (Tunneled/Non-humeled) Peripheral IV Port: Needle size Accessed												
NACCESS Midline: Jumen PICC: Jumen Other: Description De		- 0 · 111	/T		d) = Davish and DV							
Peripheral IV (PIV) Flush with 0.9% NaCl (10 mits/ml.) 5 mLs as final lock (SASH) # QS Port (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completion of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completions of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completions of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completions of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completions of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completions of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completions of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completions of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completions of medications (SASH); Flush additional lumen with (100 units/ml.) 5 mLs after completions (SASH); Fl												
Disc Dose Roure Frequency THERAPY LENGTH QUANTITY START DATE STOP DATE	IV ACCESS	□ Midline:lumen □ PICC: lumen □ Other:										
MEDICATION Carbicin* 6 mg/kg IV q 24 hours #QS	PROVIDER ORDERS*											
Invanz* 1 gram IV q 24 hours #QS	MEDICATION	Drug	Dose	ROUTE	FREQUENCY	THERAPY	LENGTH	QUANTITY	Start	г D ате	STOP DATE	
Vancomycin 1000 mg IV q 12 hours #QS		☐ Cubicin®	6 mg/kg	IV	q 24 hours			#QS				
Ceftriaxone 2 grams IV q 2 4 hours #QS		□ Invanz®	1 gram	IV	q 24 hours			#QS				
Peripheral IV (PIV)		□ Vancomyo	in 1000 mg	IV	q 12 hours			#QS				
Peripheral IV (PIV) Flush with 0.9% NaCl (5 mLs) before and after medication, followed by heparin lock (10 units/mL) 5 mLs as a final lock (5ASH) # QS Modifier, PICC, Central Venous Catheters (10 units/mL) 5 mLs as a final lock (5ASH) # QS Modifier, PICC, Central Venous Catheters (10 units/mL) 5 mLs as a final lock (5ASH); Flush additional lumen with Venous Catheters (5 lingle, double, triple lumen) 0.9% NaCl (10 mLs) before and after medications (5ASH); Flush additional lumen with 0.9% NaCl (10 mLs) before and after medications (5ASH); Flush additional lumen with 0.9% NaCl (10 mLs) before and after medications, followed by heparin lock (10 units/mL) 5 mLs once daily #QS		☐ Ceftriaxon	e 2 grams	IV	q 24 hours			#QS				
Peripheral IV (PIV)				IV	q			#QS				
Peripheral IV (PIV) Flush with 0.9% NaCl (5 mLs) before and after medication, followed by heparin lock (10 units/mL) 5 mLs as a final lock (SASH) # QS		П						#QS				
FLUSH PROTOCOL Middline, PICC, Central Venous Catheters (Dunits/mL) 5 mLs as a final lock (SASH) # QS Middline, PICC, Central Venous Catheters (Dunits/mL) 5 mLs after completion of medications (SASH); Flush additional lumen with (Single, double, triple lumen)		Flush with 0.9% NaCl (5 ml s) before and after medication, followed by heparin lock										
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Port												
Other:	,	I Dort										
SUPPLIES Supplies and pumps necessary to maintain and administer medication Anaphylaxis Kit: Diphenhydramine 50 mg (1 vial); Epinephrine 1:1000 (2 vials); Supplies for administration Anaphylaxis Kit: Diphenhydramine 50 mg slow IV push over 2-3 minutes Anaphylaxis - As per provider order: Diphenhydramine 50 mg slow IV push over 2-3 minutes OR deep IM injection; Epinephrine 1:1000 solution: 0.4 mg (0.4 mL) subcutaneous injection; If needed, may repeat in 20 minutes times 1 dose IV therapy administration by skilled nursing personnel Patient education on administration of IV therapy performed during skilled nursing visit Peripheral IV site to remain on condition site viable; Restart upon any level of pain/tenderness, changes in skin color or temperature, edema, induration, fluid leakage/drainage, or other abnormality and as needed to maintain therapy access Subcutaneous port re-access every 7 days and as needed at home or clinic Dressing change every 7 days and as needed; change immediately if damp, loosened, or visible soiled Perform Lab draw per: Lab orders: (Select all that apply) CPK CRP ESR CRP ESR CRP ESR CRP ESR Clinic ENCE W/diff CMP Creatinine Other: Trough, via peripheral venipuncture, prior to dose then weekly Application Providers office Vital Care of Meridian Providers office Product selection permitted unless dispense as written checked or clearly written on order DISPENSE AS WRITTEN		·										
ANAPHALYXIS KIT Anaphylaxis Kit: Diphenhydramine 50 mg (1 vial); Epinephrine 1:1000 (2 vials); Supplies for administration Allergic response - As per provider order: Diphenhydramine 50 mg slow IV push over 2-3 minutes Anaphylaxis - As per provider order: Diphenhydramine 50 mg slow IV push over 2-3 minutes OR deep IM injection; Epinephrine 1:1000 solution: 0.4 mg (0.4 mL) subcutaneous injection; If needed, may repeat in 20 minutes times 1 dose IV therapy administration by skilled nursing personnel												
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