

Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
DOB: \_\_\_\_\_

Today's Date \_\_\_\_\_ Time \_\_\_\_\_

Diagnosis: \_\_\_\_\_  Other: \_\_\_\_\_

Age: \_\_\_\_\_ Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ BSA (m<sup>2</sup>): \_\_\_\_\_

**ALLERGIES/Sensitivities:**  NKDA or  \_\_\_\_\_

**Start Date** (at least 1 wk from today): \_\_\_\_\_  **Urgent (Call Infusion Center)**

**Treatment Department:**  EHW OP Infusion

**Appointment Requests:** Tolerance:  Use default, for chronic treatments order valid for 1 year

- Appointment Request – Infusion – **2 hours** Once x 1 Treatment  
2 hour appointment **for acyclovir, ampicillin-sulbactam, cefazolin, cefepime, ceftazidime, cefTRIAXone, dalbavancin, daptomycin, vancomycin, micafungin**
- Appointment Request – Infusion – **3 hours** Once x 1 Treatment  
3 hour appointment **for ertapenem or ganciclovir**
- Appointment Request – Infusion – **4 hours** Once x 1 Treatment  
4 hour appointment **for foscarnet**
- Appointment Request – Infusion – **6 hours** Once x 1 Treatment  
6 hour appointment **for amphotericin B**

### Supportive Care

- Sodium Chloride 0.9 % Bolus, 500mL Once x 1 Treatment  
500 mL, intravenous, Administer over: 30 Minutes
- Sodium Chloride 0.9 % Bolus, 1000mL Once x 1 Treatment  
1000 mL, intravenous, Administer over: 60 Minutes
- Dextrose 5 % IV Bolus 20 mL Once x 1 Treatment  
20 mL, intravenous, Administer over: 2 Hours  
Flush tubing/line before amphotericin B dose.

### Medications:

- Starting 60 minutes after treatment start time
- Frequency: Once x 1 Treatment
- Treatment time: use EHC default unless noted in order

### Cefepime

- Cefepime 2 g in 20 mL sterile water, intravenous

### Ceftriaxone

- cefTRIAXone 2 g in 20 mL sterile water, intravenous
- cefTRIAXone 2 g intramuscular

**\*All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below\***

#### Licensed Medical Professional

Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Contact # \_\_\_\_\_

#### Attending Physician

Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Contact # \_\_\_\_\_

Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
DOB: \_\_\_\_\_

**Daptomycin**

\*\*Restricted/Infectious Disease\*\* Authorizing Provider Name: \_\_\_\_\_

DAPTOmycin 10 mg/kg      Dose: \_\_\_\_\_ mg in 50 mL IVPB, intravenous

**Ertapenem**

Ertapenem 1,000 mg, in NS 100 mL IVPB, intravenous

**Vancomycin Loading Dose**

Vancomycin 20 mg/kg      Dose: \_\_\_\_\_ mg, in 500 mL NS intravenous

Vancomycin 25 mg/kg      Dose: \_\_\_\_\_ mg, in 500 mL NS, intravenous

**Vancomycin Maintenance Dose**

Vancomycin 15 mg/kg      Dose: \_\_\_\_\_ mg, in 250 mL NS, intravenous

**Foscarnet**

\*\*Restricted/Infectious Disease\*\* Authorizing Provider Name: \_\_\_\_\_

Foscarnet 90 mg/kg Dose: \_\_\_\_\_ mg, intravenous

IV Access:  Peripheral  Central

Coverage:

- BK       CMV Treatment       CMV Prophylaxis       EBV       Hep B       Hep C       Herpes Simplex
- Influenza       Non-Infectious       Parainfluenza       RSV       Varicella Zoster       Virus NOS

**Ganciclovir**

Ganciclovir 5 mg/kg      Dose: \_\_\_\_\_ mg, 100 mL IVPB, intravenous

**Micafungin**

\*\*Restricted/Infectious Disease\*\* Authorizing Provider Name: \_\_\_\_\_

Micafungin 100 mg in sodium chloride 100 mL IVPB

Micafungin 150 mg in sodium chloride 100 mL IVPB

**\*All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below\***

**Licensed Medical Professional**

**Attending Physician**

Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Contact # \_\_\_\_\_

Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Contact # \_\_\_\_\_

Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
DOB: \_\_\_\_\_

**Amphotericin B**

\*\*Restricted/Infectious Disease\*\* Authorizing Provider Name: \_\_\_\_\_

Amphotericin B (liposomal) 5 mg/kg      Dose: \_\_\_\_\_ mg, in 100 mL NS IVPB, intravenous

**Acyclovir**

Acyclovir 5 mg/kg      Dose: \_\_\_\_\_ mg, 250 mL IVPB, intravenous

Acyclovir 10 mg/kg      Dose: \_\_\_\_\_ mg, 250 mL IVPB, intravenous

**Meropenem**

Meropenem 1,000 mg in 100 mL NS IVPB, intravenous

Meropenem 2,000 mg in 100 mL NS IVPB, intravenous

**Ampicillin-Sulbactam**

Ampicillin-sulbactam 1.5 g, in 100 mL NS IVPB, intravenous

Ampicillin-sulbactam 3 g, in 100 mL NS IVPB, intravenous

**Cefazolin**

CeFAZolin IV 1 g in 10 mL NS

CeFAZolin IV 2 g in 10 mL NS

CeFAZolin IV 3 g in 10 mL NS

**Ceftazidime**

CefTAZidime IV 1 g in sterile water (PF) 10 mL

CefTAZidime IV 2 g in sterile water (PF) 10 mL

**\*All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below\***

**Licensed Medical Professional**

Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Contact # \_\_\_\_\_

**Attending Physician**

Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Contact # \_\_\_\_\_

[Place patient sticker here]

Name: \_\_\_\_\_

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

### Dalbavancin

\*\*Restricted/Infectious Disease\*\* Authorizing Provider Name: \_\_\_\_\_

#### Suspected Indication:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Blood Stream Infection   | <input type="checkbox"/> Cellulitis           | <input type="checkbox"/> Clostridium difficile      | <input type="checkbox"/> Diabetic Foot Infection |
| <input type="checkbox"/> Endocarditis             | <input type="checkbox"/> Gynecologic          | <input type="checkbox"/> Intraabdominal Infection   | <input type="checkbox"/> Joint Infection         |
| <input type="checkbox"/> Meningitis/Ventriculitis | <input type="checkbox"/> Neutropenic Fever    | <input type="checkbox"/> Osteomyelitis              | <input type="checkbox"/> Pneumonia, CAP          |
| <input type="checkbox"/> Pneumonia, HAP           | <input type="checkbox"/> Prophylaxis, Medical | <input type="checkbox"/> Prophylaxis, Surgical      | <input type="checkbox"/> Sepsis                  |
| <input type="checkbox"/> STI                      | <input type="checkbox"/> Sinusitis/Other ENT  | <input type="checkbox"/> Transplant Donor Infection | <input type="checkbox"/> UTI, Complicated        |
| <input type="checkbox"/> UTI, Uncomplicated       | <input type="checkbox"/> Other _____          |   |  |

- Dalbavancin 1,500 mg, intravenous in D5W 500 mL IVPB
- Dalbavancin 1,000 mg, intravenous in D5W 500 mL IVPB
- Dalbavancin 500 mg, intravenous in D5W 500 mL IVPB
- Dalbavancin 1,125 mg, intravenous in D5W 500 mL IVPB  
CrCl 10 - 30
- Dalbavancin 750 mg, intravenous in D5W 500 mL IVPB  
CrCl <= 10
- Dalbavancin 375 mg, intravenous in D5W 500 mL IVPB  
CrCl <= 10

### Emergency Medications

Order will be done as per appointment frequency

- Hypersensitivity reaction protocol

Protocol Document: <https://emory.ellucid.com/documents/view/15307/15641>

\*All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below\*

#### Licensed Medical Professional

#### Attending Physician

Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Contact # \_\_\_\_\_

Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Contact # \_\_\_\_\_