Antibiotic Therapy  
(Penicillins and Carbapenems)

Weight: ________ kg   Height: ________ cm

Allergies: ____________________________

Diagnosis Code: ____________________________

Treatment Start Date: __________   Patient to follow up with provider on date: __________

**This plan will expire after 365 days at which time a new order will need to be placed**

GUIDELINES FOR ORDERING

1. Send FACE SHEET and H&P or most recent chart note.
2. Use separate order sheet for home infusion
3. If using this order form to request antibiotics from a home health agency, specify interval and duration of therapy at the bottom of the order. May use ambulatory InfuSystem™ pump for antibiotic administration if needed.
4. Order culture and sensitivity tests as necessary.

LABS:
☐ CBC with differential, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – Circle One
☐ CMP, Routine, ONCE, every______ (visit)(days)(weeks)(months) – Circle One
☐ Labs already drawn. Date: __________

NURSING ORDERS:

1. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

MEDICATIONS:

Penicillins:

Ampicillin
☐ 1000 mg in sodium chloride 0.9%, 50 mL, intravenous, ONCE over 15-20 minutes
☐ 2000 mg in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 15-20 minutes

Nafcillin
☐ 1 gram in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30-60 minutes
☐ 2 grams in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30-60 minutes
☐ 12 grams over one day in sodium chloride 0.9%, 100.8 mL, intravenous, ONCE over 24 hours, continuous infusion via CADD

Oxacillin
☐ 1 gram in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30-60 minutes
☐ 2 grams in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30-60 minutes
☐ 12 grams over one day in sodium chloride 0.9%,100.8 mL, intravenous, ONCE over 24 hours, continuous infusion via CADD
Penicillin G potassium (PFIZERPEN) intravenous
- 1 million units in sodium chloride 0.9%, 100 mL, ONCE over 1-2 hours
- 2 million units in sodium chloride 0.9%, 100 mL, ONCE over 1-2 hours
- 2.5 million units in sodium chloride 0.9%, 100 mL, ONCE over 1-2 hours
- 3 million units in sodium chloride 0.9%, 100 mL, ONCE over 1-2 hours
- 4 million units in sodium chloride 0.9%, 100 mL, ONCE over 1-2 hours
- 5 million units in sodium chloride 0.9%, 100 mL, ONCE over 1-2 hours
- 20 million over 1 day in sodium chloride 0.9%, 100.8 mL, ONCE over 24 hours, continuous infusion via CADD

Penicillin G benzathine (BICILLIN L-A) intramuscular
- 600,000 units as a single dose
- 1.2 million units as a single dose
- 2.4 million units as a single dose

Piperacillin/Tazobactam (ZOSYN)
- 2.25 grams in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30 minutes
- 3.375 grams in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30 minutes
- 4.5 grams in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30 minutes
- 10.125 grams over one day in sodium chloride 0.9%, 112.8 mL intravenous, ONCE over 24 hours, continuous infusion via CADD
- 13.5 grams over one day in sodium chloride 0.9%, 151.2 mL intravenous, ONCE over 24 hours, continuous infusion via CADD
- 18 grams over one day in sodium chloride 0.9%, 201.6 mL intravenous, ONCE over 24 hours, continuous infusion via CADD

 Interval: (must check one)
- ONCE
- Daily x _________ doses

Carbapenems:

OHSU Clinical Knowledge and Therapeutics Executive Committee (CKTEC) restricts ertapenem and meropenem to approval by infectious disease attending

Ertapenem (IVANZ)
- 1 gram in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30 minutes

Meropenem (MERREM)
- 500 mg in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 15-30 minutes
- 1 gram in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 15-30 minutes

 Interval: (must check one)
- ONCE
- Daily x _________ doses
FOR InfuSystem™ AMBULATORY PUMP USE (hook up at infusion location):

Duration:
☐ __________ days

HYPERSENSITIVITY MEDICATIONS:
1. If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (Policy HC-PAT-133-GUD). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. Diphenhydramine (Benadryl) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity reaction, Max dose 50 mg
3. Famotidine (Peptic) injection, 20 mg, intravenous, AS NEEDED X 1 dose for hypersensitivity reaction
4. Hydrocortisone sodium succinate (Solu-Cortef) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity reaction
5. Epinephrine HCl (Adrenalin) injection, 0.3 mg, intramuscular, AS NEEDED x1 dose for hypersensitivity reaction

By signing below, I represent the following:
I am responsible for the care of the patient (who is identified at the top of this form);
I hold an active, unrestricted license to practice medicine in: ☐ Oregon ☐ ____________________ (check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon);

My physician license number is # ____________________ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: ________________________ Date/Time: ________________________
Printed Name: ________________________ Phone: ________________________ Fax: ________________________
OLC Central Intake Nurse:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

Please check the appropriate box for the patient’s preferred clinic location:

- **Beaverton**
  OHSU Knight Cancer Institute
  15700 SW Greystone Court
  Beaverton, OR 97006
  Phone number: 971-262-9000
  Fax number: 503-346-8058

- **NW Portland**
  Legacy Good Samaritan campus
  Medical Office Building 3, Suite 150
  1130 NW 22nd Ave.
  Portland, OR 97210
  Phone number: 971-262-9600
  Fax number: 503-346-8058

- **Gresham**
  Legacy Mount Hood campus
  Medical Office Building 3, Suite 140
  24988 SE Stark
  Gresham, OR 97030
  Phone number: 971-262-9500
  Fax number: 503-346-8058

- **Tualatin**
  Legacy Meridian Park campus
  Medical Office Building 2, Suite 140
  19260 SW 65th Ave.
  Tualatin, OR 97062
  Phone number: 971-262-9700
  Fax number: 503-346-8058

Infusion orders located at: [www.ohsuknight.com/infusionorders](http://www.ohsuknight.com/infusionorders)