ADULT AMBULATORY INFUSION ORDER
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.

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 (OHSU only)

- 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 (OHSU only)
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 (OHSU only)

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 (OHSU only)
- 13.5 grams over one day in sodium chloride 0.9%, 151.2 mL intravenous, ONCE over 24 hours, continuous infusion via CADD (OHSU only)
- 18 grams over one day in sodium chloride 0.9%, 201.6 mL intravenous, ONCE over 24 hours, continuous infusion via CADD (OHSU only)

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

Carbapenems:

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 (OHSU only; hook up at infusion location):

Duration:
- _________ days
HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – 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 (OHSU HC-PAT-133-GUD, HMC C-132). 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 or infusion reaction

3. Epinephrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

4. Hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion 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: __________________________
Central Intake:
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