

Antimicrobial Orders

AUTOMATIC STOP ORDERS

- INCOMPLETE FORM— 24 HOURS
- SURGICAL PROPHYLAXIS— 24 HOURS
- EMPIRIC THERAPY— 72 HOURS
- TELEPHONE ORDERS— 24 HOURS
- DOCUMENTED INFECTION— 5 DAYS

Criteria for Antimicrobial Use and Dosing Guidelines on the Back

Date of Order	Time of Order	Nurse's Signature	ALL INFORMATION MUST BE COMPLETE BEFORE SENDING ORDER TO PHARMACY				
			<p>FOR VANCOMYCIN, ONE OF THE FOLLOWING <i>MUST</i> BE CHECKED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Methicillin (oxacillin) resistant Gram-positive infection <input type="checkbox"/> Penicillin allergy and any Gram-positive infection <input type="checkbox"/> Ampicillin resistant enterococcus <input type="checkbox"/> Outpatient dialysis per vancomycin protocol <input type="checkbox"/> Oral therapy for <i>C. difficile</i> enterocolitis after failure of metronidazole <input type="checkbox"/> Suspected resistant staphylococcal or streptococcal infection 				
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			<p>DISCONTINUE THE FOLLOWING ANTIMICROBIAL: _____</p> <p>_____</p> <p>_____</p>				

_____ PHYSICIAN SIGNATURE	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> PHYSICIAN ID NUMBER								_____ PAGER
UNIVERSITY MEDICAL CENTER	ANTIBIOTIC ORDERS AUTOMATIC STOP ORDERS	REV 2/4/05							

CRITERIA FOR ANTIMICROBIAL USE AND DOSING GUIDELINES IN PATIENTS WITH UNIMPAIRED RENAL FUNCTION

TOBRAMYCIN

Use gentamicin unless:

1. *Pseudomonas* isolate
2. Age > 70 years
3. Serum creatinine > 2mg/dL
4. Neutropenic fever

CEFOXITIN

1. Intra-abdominal infection
2. Pelvic infection
3. Mixed anaerobic/aerobic infections
4. Abdominal surgical prophylaxis
5. When susceptibilities dictate

CEFTAZIDIME

1. Neutropenic fever
2. *Pseudomonas* isolate
3. Health care facility associated pneumonia if *Pseudomonas* suspected

CEFTRIAXONE

1. Bacterial meningitis
2. Advanced Lyme disease
3. Community acquired pneumonia

AMPICILLIN-SULBACTAM

1. Intra-abdominal infection
2. Pelvic infection
3. Head/neck infection
4. Cellulitis
5. Urinary tract infection
6. Aspiration pneumonia
7. Human/animal bites

PIPERACILLIN-TAZOBACTAM

1. Skin/soft tissue infections
2. Health care facility associated infections in combination with an aminoglycoside
3. Bone/joint infections
4. Complicated urinary tract infection
5. Respiratory infection
6. Intra-abdominal infection

CIPROFLOXACIN

Oral therapy may be indicated

1. Gram-negative infection in specified site and penicillin allergy noted¹
2. Bone marrow transplant per protocol
3. Resistant Gram-negative infection
4. Bacterial enteritis and cannot take oral

CLINDAMYCIN

Oral therapy may be indicated

1. Intra-abdominal infection in combination with an aminoglycoside and/or ampicillin
2. Aspiration pneumonia/lung abscess
3. Diabetic foot in combination with an aminoglycoside
4. Cellulitis
5. Mixed aerobic Gram-positive/anaerobic infections
6. *S. aureus* if penicillin allergic¹, except endocarditis and meningitis
7. Toxoplasmosis

FLUCONAZOLE

Oral therapy may be indicated

1. *Candida* esophagitis in patient intolerant to oral
2. Invasive candidiasis

MOXIFLOXACIN

Oral therapy may be indicated

1. Treatment of community acquired respiratory infections as an alternative to ceftriaxone plus azithromycin.
2. Community acquired respiratory infections in penicillin allergic patients.
3. As a step down oral switch for community acquired pneumonia.

Alternate dosages may be required depending on indications or severity of infection.

	ROUTE	ADULT USUAL DOSE	PEDIATRIC USUAL DOSE Do not exceed usual adult dose	COST PER DAY (\$)
AMINOGLYCOSIDES	Bolus: }	1.5-2mg/kg IBW		
Gentamicin	IV }	maintenance 1-1.3mg/kg IBW q8-12h	6-7.5 mg/kg/day ÷ q8h	+
Tobramycin (Nebcin) ²	IV }	once daily: 3.5-5mg/kg IBW	6-7.5 mg/kg/day ÷ q8h	++
CEPHALOSPORINS				
Cefazolin (Kefzol, Ancef)	IV	1 gm q8h	50-100 mg/kg/ day ÷ q8h	+
Cefoxitin (Mefoxin) ²	IV	1 gm q6h	80-100 mg/kg/ day ÷ q6-8h	++
Ceftazidime (Fortaz, Tazidime) ²	IV	1 gm q8h	100-150 mg/kg/day ÷ q8h	+++
Ceftriaxone (Rocephin) ²	IV	1 gm q24h	50-75 mg/kg/day ÷ q12-24h	+++
Ceftriaxone (Meningitis)	IV	2 gm q12h	100mg/kg/day ÷ q12h	+++
PENICILLINS				
Ampicillin (Polycillin)	IV	1 gm q6h	100-200 mg/kg/day ÷ q6h	+
Ampicillin-Sulbactam (Unasyn) ²	IV	1.5 gm q6h	100-200 mg ampicillin component/kg/day ÷ q6h	+++
Oxacillin	IV	2 gm q6h	100-200 mg/kg/day ÷ q6h	++
Penicillin (Pfizerpen)	IV	2 million units q4h	100,000-450,000 units/kg/day ÷ q4-6h	+++
Piperacillin-Tazobactam (Zosyn) ²	IV	4.5 gm q8h	240-400 mg piperacillin component/kg/day ÷ q6-8h	++++
QUINOLONES				
Ciprofloxacin (Cipro) ²	PO	250-500mg q12h	20-30 mg/kg/day ÷ q12h	++
Ciprofloxacin (Cipro) ²	IV	400 mg q12h	15-20 mg/kg/day ÷ q12h (not first-line therapy)	+++
Moxifloxacin (Avelox) ²	IV/PO	400 mg q24h	Not Indicated	+++
MACROLIDES				
Azithromycin (Zithromax)	IV/PO	500 mg q24h	10 mg/kg day 1, then 5 mg/kg q24h days 2-5	+++
MISCELLANEOUS				
Clindamycin (Cleocin) ²	PO	150-450 mg q8h	10-30 mg/kg/day ÷ q6-8h	+
Clindamycin (Cleocin) ²	IV	600 mg q8h	25-40 mg/kg/day ÷ q6-8h	++
Doxycycline (Vibramycin)	IV/PO	100 mg q12h	2-4 mg/kg/day ÷ q12-24h (children ≥ 8 years)	++
Metronidazole (Flagyl)	IV/PO	500 mg q8h	30 mg/kg/day ÷ q6h	+
Trimethoprim-Sulfamethoxazole (Bactrim, Septra)	IV/PO	same as pediatric dose	6-12 mg trimethoprim/kg/day ÷ q12h	++
Vancomycin (Vancocin) ^{2,3}	IV	10-15mg/kg BW q12h	15-20 mg trimethoprim/kg/day ÷ q6h (Pneumocystis)	++
	IV	(round to nearest 250mg)	40-60 mg/kg/day ÷ q6-8h	++
Vancomycin (Vancocin) ² caps	PO	125 mg q6h	40 mg/kg/day ÷ q6h	++++
ANTIFUNGALS				
Fluconazole (Diflucan) ²	IV/PO	200 mg q24h	3-6 mg/kg/day q24h	++++

¹If penicillin allergic, skin testing for confirmation is strongly recommended.

²See criteria for use listed above (vancomycin criteria for use listed on front of order sheet).

³For Vancomycin: when CrCl < 50 ml/min consider q24h interval

IBW = Ideal Body Weight

BW = Total Body Weight

**IF OTHER THERAPY IS CONSIDERED, INFECTIOUS DISEASES APPROVAL MAY BE REQUIRED.
CALL PHARMACY FOR FURTHER INSTRUCTIONS (X 2242)**