## ANTIBIOTIC ORDERS

### AUTOMATIC STOP ORDERS

1. SELECT ONE FOR INITIAL WRITTEN ORDER ONLY. IF NO SELECTION IS MADE, ORDER WILL DISCONTINUE IN 72 HOURS.
   - SURGICAL PROPHYLAXIS
   - OPERATION ___________________________________________________________
   - EMPIRIC THERAPY - SITE OR PATHOGEN UNKNOWN
     (CULTURES MUST BE ORDERED)
     SUSPECTED SITE ______________________________________________________
     SUSPECTED PATHOGEN(S) _____________________________________________
   - DOCUMENTED INFECTED
     SITE _______________________________________________________________
     PATHOGEN(S) _______________________________________________________

2. RENEWAL FOR DOCUMENTED INFECTION & LENGTH OF TREATMENT

### Table: Physicians' Orders

<table>
<thead>
<tr>
<th>MD Date of Order</th>
<th>Hour of Order</th>
<th>Nurse's Signature</th>
<th>Physicians: Please Complete All Sections Prior to Writing Antibiotic Orders.</th>
</tr>
</thead>
</table>

VANCOMYCIN CAN ONLY BE ORDERED IF ONE OF THE FOLLOWING IS CIRCLED.

1. Methicillin (Nafcillin) resistant gram-positive infection.
2. Penicillin allergy for gram-positive infections, including Group D enterococcus*
3. Ampicillin resistant Group D enterococcus
4. Outpatient Dialysis per Vancomycin protocol
5. Oral, for severe pseudomembranous antibiotic associated colitis where metronidazole has failed
6. Oral for pediatric use (less than age 16) for pseudomembranous antibiotic associated colitis
7. Suspected resistant staphylococcus and streptococcus

*PENICILLIN SKIN TESTING MAY BE HELPFUL

**Pediatrics/Neonates: Weight (Kg) Gestational Age (Premature Infants Only)** Postmenstrual Age (Premature Infants Only)

### Allergies:

**ALL NECESSARY INFORMATION MUST BE COMPLETED**

#### I. Antibiotic

**DOSE**

**ROUTE**

**ANTIBIOTIC INTERVAL**

#### II. Antibiotic

**DOSE**

**ROUTE**

**ANTIBIOTIC INTERVAL**

#### III. Antibiotic

**DOSE**

**ROUTE**

**ANTIBIOTIC INTERVAL**

Physician's Name: (Print):
Physician Signature:

**PLEASE DO NOT RETURN CHARTS WITH NEW ORDERS TO RACK-FLAG CHART**
**ALL ORDERS MUST BE COUNTER-SIGNED BY A LICENSED PHYSICIAN**

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**UNIVERSITY MEDICAL CENTER PHYSICIANS ANTIBIOTIC ORDERS**

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