### 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*

<table>
<thead>
<tr>
<th>Date of Order</th>
<th>Time of Order</th>
<th>Nurse’s Signature</th>
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</thead>
<tbody>
<tr>
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</table>

**ALL INFORMATION MUST BE COMPLETE BEFORE SENDING ORDER TO PHARMACY**

**FOR VANCOMYCIN, ONE OF THE FOLLOWING MUST BE CHECKED:**
- Methicillin (oxacillin) resistant Gram-positive infection
- Penicillin allergy and any Gram-positive infection
- Ampicillin resistant enterococcus
- Outpatient dialysis per vancomycin protocol
- Oral therapy for *Clostridium difficile* enterocolitis after failure of metronidazole
- Suspected resistant staphylococcal or streptococcal infection

<table>
<thead>
<tr>
<th>WEIGHT (kg):</th>
<th>GESTATIONAL AGE (premature infants)</th>
</tr>
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<tbody>
<tr>
<td>(Pediatrics)</td>
<td>POSTMENSTRUAL AGE (premature infants)</td>
</tr>
</tbody>
</table>

**ALLERGIES:**

- Empiric Therapy  
- Documented Infection

**Antimicrobial:**

- Dose:
- Route:
- Dosing Interval:

**INDICATION (check one):**
- Community Acquired Pneumonia
- Neutropenic Fever
- Skin and Soft Tissue
- Urinary Tract Infection
- Surgical Prophylaxis
- Intra-Abdominal Infection
- Health Care Facility Associated Pneumonia
- Other (specify)

**DISCONTINUE THE FOLLOWING ANTIMICROBIAL:**

### Physician Signature

**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

**CEFOTIXIN**
- 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

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

**AMPCILLIN-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 noted
  - 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 allergic, 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 cefixime 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.

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ADULT USUAL DOSE</th>
<th>PEDIATRIC USUAL DOSE</th>
<th>COST PER DAY ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMINOLGOSIDES</strong></td>
<td></td>
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<tr>
<td>Gentamicin</td>
<td>bolus: 1.5-2mg/kg IBW</td>
<td>maintenance: 1-1.5mg/kg IBW, once daily: 3-5mg/kg IBW</td>
<td>6-7.5 mg/kg/day + 6h</td>
</tr>
<tr>
<td>Tobramycin (Nebcin)</td>
<td>IV</td>
<td>1.5-2mg/kg IBW</td>
<td>1.5-4mg/kg/day + 6h</td>
</tr>
<tr>
<td><strong>CEPHALOSPORINS</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Cefazolin (Ketozol, Ancef)</td>
<td>IV</td>
<td>1 gm q12h</td>
<td>50-100 mg/kg/day + 12h</td>
</tr>
<tr>
<td>Cefoxitin (Mefoxin)</td>
<td>IV</td>
<td>1 gm q6h</td>
<td>60-100 mg/kg/day + 24h</td>
</tr>
<tr>
<td>Ceftriaxone (Fortaz, Tazidine)</td>
<td>IV</td>
<td>1 gm q24h</td>
<td>100-150 mg/kg/day + 24h</td>
</tr>
<tr>
<td>Ceftriaxone (Rocephin)</td>
<td>IV</td>
<td>1 gm q24h</td>
<td>50-75 mg/kg/day + 12-24h</td>
</tr>
<tr>
<td>Ceftriaxone (Meningitis)</td>
<td>IV</td>
<td>2 gm q12h</td>
<td>100/250 mg/kg/day + 12h</td>
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<tr>
<td><strong>PENICILLINS</strong></td>
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<tr>
<td>Amoxicillin (Polycillin)</td>
<td>IV</td>
<td>1 gm q6h</td>
<td>100-200 mg ampicillin component/kg/day + 6h</td>
</tr>
<tr>
<td>Amoxicillin-Sulbactam (Unasyn)</td>
<td>IV</td>
<td>1.5 gm q6h, 2 gm q6h</td>
<td>100-200 mg ampicillin component/kg/day + 6h</td>
</tr>
<tr>
<td>Oxacillin</td>
<td>IV</td>
<td>2 gm q6h</td>
<td>100-200 mg ampicillin component/kg/day + 6h</td>
</tr>
<tr>
<td>Penicillin (Pfizerpen)</td>
<td>IV</td>
<td>2 million units q24h</td>
<td>100,000-450,000 units/kg/day + 48h</td>
</tr>
<tr>
<td>Piperacillin-Tazobactam (Zosyn)</td>
<td>IV</td>
<td>4.5 gm q6h</td>
<td>240-400 mg piperacillin component/kg/day + 6-8h</td>
</tr>
<tr>
<td><strong>QUINOLONES</strong></td>
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<tr>
<td>Ciprofloxacin (Cipro)</td>
<td>IV</td>
<td>250-500mg q12h</td>
<td>20-30 mg/kg/day + 24h</td>
</tr>
<tr>
<td>Ciprofloxacin (Cipro)</td>
<td>IV</td>
<td>400 mg q12h</td>
<td>15-20 mg/kg/day + 24h (not first-line therapy)</td>
</tr>
<tr>
<td>Moxifloxacin (Avelox)</td>
<td>IV/Po</td>
<td>400 mg q24h</td>
<td>Not Indicated</td>
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<tr>
<td><strong>MACROLIDES</strong></td>
<td></td>
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<tr>
<td>Azithromycin (Zithromax)</td>
<td>IV/Po</td>
<td>500 mg q24h</td>
<td>10 mg/kg day 1, then 5 mg/kg q24h days 2-5</td>
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<tr>
<td><strong>MISCELLANEOUS</strong></td>
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<tr>
<td>Clindamycin (Cleocin)</td>
<td>IV/Po</td>
<td>150-450 mg q8h</td>
<td>5-30 mg/kg q6h + 6h</td>
</tr>
<tr>
<td>Clindamycin (Cleocin)</td>
<td>IV/Po</td>
<td>600 mg q6h</td>
<td>25-40 mg/kg q6h + 6h</td>
</tr>
<tr>
<td>Doxycycline (Vibramycin)</td>
<td>IV/Po</td>
<td>100 mg q12h, 240 mg q24h</td>
<td>2-4 mg/kg/day + 12-24h (children &gt; 8 years)</td>
</tr>
<tr>
<td>Metronidazole (Flagyl)</td>
<td>IV/Po</td>
<td>500 mg q8h</td>
<td>30 mg/kg/day + 8h</td>
</tr>
<tr>
<td>Trimethoprim-Sulfamethoxazole (Bactrim, Septra)</td>
<td>IV/Po</td>
<td>same as pediatric dose</td>
<td>6-12 mg trimethoprim/kg/day + 12h</td>
</tr>
<tr>
<td>Vancomycin (Vancocin)</td>
<td>IV</td>
<td>10-15 mg/kg BW q12h</td>
<td>15-20 mg/kg day + 6h (Pneumocystis)</td>
</tr>
<tr>
<td>Vancomycin (Vancocin)</td>
<td>IV</td>
<td>100 mg q12h</td>
<td>50-60 mg/kg/day + 6h-8h</td>
</tr>
<tr>
<td>Vancomycin (Vancocin)</td>
<td>IV</td>
<td>250 mg q24h</td>
<td>40 mg/kg/day + 48h</td>
</tr>
<tr>
<td><strong>ANTIFUNGALS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluconazole (Diflucan)</td>
<td>IV/Po</td>
<td>100 mg q24h</td>
<td>Not Indicated</td>
</tr>
</tbody>
</table>

1. If penicillin allergic, skin testing for confirmation is strongly recommended.
2. See criteria for use listed above (vancomycin criteria for use listed on front of order sheet).
3. For Vancomycin: when CrCl < 50 mL/min consider q24h interval.

**NOTE:** If other therapy is considered, Infectious Diseases Approval may be required. Call Pharmacy for further instructions (X 2242).