Delta Medical Infusion
479-445-6833 or 479-445-6032

Patient Name: _____

Date of Birth: _____ Wt: _____ Ht: _____

IV Access: _____

Allergies: _____

Antibiotic Order Form

- **Orders are initiated unless crossed out by provider.**
- ❑ **Check box to initiate order.**

Diagnoses: _____ ICD-10: _____

_____ ICD-10: _____

_____ ICD-10: _____

Medication Orders:

- Medication/Dose: _____ Route: _____
  Instructions: _____ Estimated length of therapy: _____ ❑TBD
- Medication/Dose: _____ Route: _____
  Instructions: _____ Estimated length of therapy: _____ ❑TBD
- Medication/Dose: _____ Route: _____
  Instructions: _____ Estimated length of therapy: _____ ❑TBD
- Clinical pharmacist to monitor drug levels and adjust dose accordingly
- Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
- Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.
- Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
- Infusion Reaction Management per Infusion Solutions protocol as needed.

Nursing Orders:

- ❑ If no central IV access, RN to insert peripheral IV, rotate site every 72 to 120 hours or as needed.
- ❑ Other: _____

_____

_____

Labs:

❑ CBC with Diff	❑ weekly	❑ every _____
❑ ESR (Erythrocyte Sedimentation Rate)	❑ weekly	❑ every _____
❑ Serum Creatinine	❑ weekly	❑ every _____
❑ ALT	❑ weekly	❑ every _____
❑ CRP	❑ weekly	❑ every _____
❑ CK (for Daptomycin)	❑ weekly	❑ every _____
❑ BMP (Na, K, Cl, CO2, BUN, SCr, Gluc, Ca)	❑ weekly	❑ every _____
❑ CMP (BMP + AST, ALT, TP, Alb, Glob, Alp, Tbil)	❑ weekly	❑ every _____
❑ Hepatic Panel (Alk Phos, Alb, DBil, Tbil, TP, ALT, AST)	❑ weekly	❑ every _____
❑ Other: _____	❑ weekly	❑ every _____

_____ _____

Prescriber Signature *Date*

_____

Please Print Name

Form # 304