

IV ANTIBIOTIC MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB: _____

■ Diagnosis

Please write the patient's diagnosis and the most specific ICD10 code: _____

■ Details Needed for Authorization

- When available, provide laboratory culture results, serologic documentation of infection, PCR-based direct detection in CSF, etc.
- Please submit document why oral antibiotics are contraindicated, not appropriate or in sufficient due to severity, which can be submitted to the insurance carrier.
- If appropriate, please include documentation of objective findings, such as neurologic findings in meningitis with CSF abnormalities.
- If another antibiotic is contraindicated or not appropriate, such as due to allergy or sensitivity, please provide documentation.

Patient's height in ft/in: _____ Patient's weight in lbs: _____

■ Premedication Order

Oral medications to be taken by the patient at least 60 minutes prior to start of infusion treatment. May be taken at home:

Acetaminophen 500mg Diphenhydramine 50mg Cetirizine 10mg

IV medications to be administered prior to start of the infusion treatment:

Diphenhydramine 50mg Methylprednisolone _____mg _____

■ Medication Order

 Select all as appropriate.

- 1g Invez (ertapenem) in _____ml normal saline IV infusion over _____ minutes daily for _____ days.
- _____mg Rocephin (ceftriaxone) in _____ml normal saline IV infusion over _____ minutes daily for _____ days.
- _____mg Zithromax (azithromycin) in _____ml normal saline IV infusion over _____ minutes daily for _____ days.
- _____mg Cleocin (clindamycin) in _____ml normal saline IV infusion over _____ minutes daily for _____ days.
- Repeat treatment _____ times, with _____ days off between courses, for a total of _____ courses of antibiotics.

■ Rescue Management in case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

Fax this order and supporting documentation to (732) 329-2322.