



STAT



**Standardized Order Set**

Pharmacy must receive a copy of all medication orders (new & change orders). Please scan to Pharmacy As Soon As Possible.

*A therapeutic or generic equivalent drug approved by the Pharmacy may be substituted.*

**Pneumonia HCAP VAP Antibiotics.docx**

Date \_\_\_\_\_ Time \_\_\_\_\_

**Admit To**

- Admit to Inpatient Medicine
- Place in Observation Medicine

**Medications**

RX CONSULT PHARMACY TO DOSE RENAL

- 1 EA Pharmacy consult re: pharmacokinetic dosing including peak and trough levels of vancomycin, gentamycin, and adjustments of other antibiotics based on renal function

**PLEASE CHOOSE ONE**

- In patients with known risk factors for MDR pathogens, we recommend empiric TRIPLE combination therapy including: 1) anti-pseudomonal penicillin, cephalosporin, or carbapenem ( use aztreonam only if severe beta lactam allergy) PLUS 2) fluoroquinolone or aminoglycoside PLUS 3) Vancomycin or linezolid.

PIPERACILLIN/TAZO 4.5 GM/NS 4.5 GM/100 ML BAG (Zosyn)

- 4.5 GM 200 milliliter/hour INTRAVEN EVERY 6 HOURS - Give first dose STAT now. (stop date 7 days)

cefTAZidime 2 GM/D5W 2 GM/100 ML BAG (Fortaz)

- 2 GM 100 milliliter/hour INTRAVEN EVERY 8 HOURS - Give first dose STAT now. (stop date 7 days)

CEFEPIME 2 GM/D5W 2 GM/50 ML BAG (Maxipime)

- 2 GM INTRAVEN EVERY 8 HOURS - Give first dose STAT now. (stop date 7 days)

Meropenem 1000 mg/NS 100 ml (Merrem)

- 1000 MG INTRAVEN EVERY 8 HOURS - Give first dose STAT now. (stop date 7 days)

AZTREONAM 2 GM/ISO-DEX 50ML 2 GM/100 ML BAG (Azactam)

- 2 GM 100 milliliter/hour INTRAVEN EVERY 8 HOURS - Give first dose STAT now CHOOSE ONLY IF SEVERE BETA LACTAM ALLERGY. (stop date 7 days)

**Fluoroquinolones and Aminoglycosides \*\*\* PLEASE ALSO CHOOSE ONE \*\*\***

LEVOFLOXACIN 750 MG/D5W IV 750 MG/150 ML BAG (Levaquin)

- 150 milliliter/hour INTRAVEN DAILY - Give first dose STATnow. (stop date 7 days)

Gentamicin 7 mg/kg/D5W 100 ml (Garamycin)

- 7 milligram/kilogram 200 milliliter/hour INTRAVEN DAILY - Give first dose STATnow. (stop date 5 days)

Tobramycin 7 mg/kg/D5W 100 ml (Nebcin)

- 7 milligram/kilogram 100 milliliter/hour INTRAVEN DAILY x 5 days. (stop date 5 days)

**Antimicrobials: Other \* PLEASE ALSO CHOOSE ONE IF PT AT RISK FOR MDR OR MRSA PATHOGENS**

Vancomycin 15 mg/kg/D5W 100 ml (Vancocin)

- 15 milligram/kilogram 66.667 milliliter/hour INTRAVEN EVERY 12 HOURS (based on actual body weight). first dose STAT/ now. (stop date 7 days)

\_\_\_\_\_  
Initials



PHYORD

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LINEZOLID/D5W 600 MG PREMIX IV 600 MG/300 ML BAG (Zyvox)

600 MG INTRAVEN EVERY 12 HOURS - Give first dose STAT now; may change to oral when patient is able to take oral medications. (stop date 7 days)

**Add'l Instructions/ Notifications**

- Critical to reducing overuse of antimicrobials, "de-escalation" of therapy should be considered after 48 to 72 hours of initial therapy, and should be based upon the results of initial cultures and the clinical response of the patient.
- The duration of therapy should be based upon the clinical response. A short duration of therapy (eg, seven days) is sufficient for most patients with uncomplicated HAP, VAP, or HCAP who have had a good clinical response.
- This orderset facilitates computerized provider order entry (CPOE) and the practice of evidence-based medicine. It is not intended to supplant provider judgment.

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Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

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ABXHAPVAPH

REV: 9/30/2013

Version 1



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