



Please check the appropriate boxes

- New Order
- Discontinue Existing Order For _____
- Dosage Change as noted below

Indication/Site of Infection (Required)

- Sepsis (source unknown)
- Blood
- CNS
- Heart
- Respiratory Tract
- Intra-abdominal/GI
- Urinary Tract
- Skin/Soft Tissue
- Bone/Joint
- Other _____

Organism (Required)

- Unknown
- Known _____

Clinical Status (Optional)

- Sepsis-like Syndrome
- Hospital-Acquired (>72 hours in house)
- Neutropenic (ANC< 1000 cells/mm³)
- Health-Care Associated (Nursing home patient, Hospitalized >2 of past 90 days, Hemodialysis within prior 30 days, Received home infusion therapy)
- Risk Factor for Resistant Organism (Antimicrobial therapy in last 90 days, Immunosuppressive therapy/disease, Contact with resistant organism)

Parenteral Antimicrobials

Standard doses recommended below assume normal renal and hepatic function

Unrestricted Parenteral Agents

	Dose Interval	Alternative Dosing
<input type="checkbox"/> Ampicillin	2 gm IVPB Q4H	_____
<input type="checkbox"/> Amp/Sulbactam	3 gm IVPB Q6H	_____
<input type="checkbox"/> Azithromycin	500 mg IVPB Q24H	_____
<input type="checkbox"/> Cefazolin	1 gm IVPB Q8H	_____
<input type="checkbox"/> Ceftriaxone	1 gm IVPB Q24H	_____
<input type="checkbox"/> Fluconazole	200 mg IVPB Q24H	_____
<input type="checkbox"/> Metronidazole	500mg IVPB Q8H	_____
<input type="checkbox"/> Nafcillin	2 gm IVPB Q4H	_____
<input type="checkbox"/> Penicillin	2 MU IVPB Q4H	_____

Duration Restricted Parenteral Agents

Please reassess need for continued therapy with these agents within 5 days

	Dose Interval	Alternative Dosing
<input type="checkbox"/> Cefepime	1 gm IVPB Q8H	_____
<input type="checkbox"/> Ceftazidime	1 gm IVPB Q8H	_____
<input type="checkbox"/> Ciprofloxacin	400mg IVPB Q12H	_____
<input type="checkbox"/> Clindamycin	600 mg IVPB Q8H	_____
<input type="checkbox"/> Levofloxacin	750mg IVPB Q24H	_____
<input type="checkbox"/> Piperacillin/ Tazobactam	3.375 gm IVPB 6H	_____
<input type="checkbox"/> Vancomycin	15 mg/kg IVPB Q12H	_____

(Rounded to nearest 250mg)

Oral Antimicrobials

Standard doses recommended below assume normal renal and hepatic function

Unrestricted Oral Agents

	Dose Interval	Alternative Dosing
<input type="checkbox"/> Amoxicillin	500 mg po TID	_____
<input type="checkbox"/> Amox/Clav	875 mg po BID	_____
<input type="checkbox"/> Azithromycin	500 mg IVPB Q24H	_____
<input type="checkbox"/> Azithromycin	500 mg po QDAY	_____
<input type="checkbox"/> Cephalexin	500 mg po QID	_____
<input type="checkbox"/> Cefuroxime	500 mg po BID	_____
<input type="checkbox"/> Dicloxacillin	500 mg po QID	_____
<input type="checkbox"/> Doxycycline	100 mg po BID	_____
<input type="checkbox"/> Fluconazole	200 mg po QDAY	_____
<input type="checkbox"/> Metronidazole	500 mg po TID	_____
<input type="checkbox"/> Nitrofurantoin	100 mg po BID	_____
<input type="checkbox"/> Timethoprim/ Sulfamethoxazole	1 DS po BID	_____
<input type="checkbox"/> Vancomycin	125 mg po QID	_____

Duration Restricted Oral Agents

Please reassess need for continued therapy with these agents within 5 days

	Dose Interval	Alternative Dosing
<input type="checkbox"/> Ciprofloxacin	500mg po Q12H	_____
<input type="checkbox"/> Clindamycin	300 mg po Q8H	_____
<input type="checkbox"/> Levofloxacin	750mg po QDAY	_____

_____ Date / Required	_____ Time / Required	T.O.	X
		Printed Physician Name / Required	Signature / Title of Qualified Person / Required
		X	
		Physician Signature / Required	

THERAPEUTIC ANTIMICROBIAL ORDER FORM

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St. Luke's Hospital

232 S. Woods Mill Road Chesterfield, MO 63017



Indication for Therapy/ Recommended Duration of Therapy	First Line Initial Therapy	Alternative Second Line Initial Therapy Due to Allergy, Intolerance, or Resistance to First Line Therapy
Community Acquired Pneumonia Inpatient Non-ICU <i>Duration- 5 days if afebrile for 48 hours</i> Inpatient ICU <i>Duration- 5 days if afebrile for 48 hours AND clinically stable</i>	Inpatient Non-ICU Ceftriaxone 1 gm IV q 24 hours AND Azithromycin 500 mg IV/po q 24 hours Inpatient ICU Ceftriaxone 1 gm IV q 24 hours AND Levofloxacin 750 mg IV q 24 hours	Inpatient Non-ICU Levofloxacin 750 mg IV/po q 24 hours Inpatient ICU Ceftriaxone 1 gm IV q 24 hours AND Azithromycin 500 mg IV q 24 hours ICU with PCN/Cephalosporin Allergy Aztreonam 1 gm IV q 8 hours AND Levofloxacin 750 mg IV q 24 hours
Healthcare-Associated Pneumonia (HCAP) Hospital Acquired Ventilator-Associated Healthcare-Associated Nursing home patient Hospitalized >2 of past 90 days HD within prior 30 days Antimicrobial therapy in last 90 days Immunosuppressive therapy/disease	Piperacillin/Tazobactam 4.5 gm IV q 6 hours AND Levofloxacin 750 mg IV q 24 hours AND Vancomycin 15 mg/kg IV q 12 hours <i>Duration- 7 days if afebrile for 48 hours AND clinically stable and NO Pseudomonas identified</i> <i>Duration for Pseudomonas/Acinetobacter Infections- 14 days</i>	Cefepime 1 gm IV q 8 hours AND Levofloxacin 750 mg IV q 24 hours AND Vancomycin 15 mg/kg IV q 12 hours ¹ OR Doripenem* 500 mg IV q 8 hours AND Levofloxacin 750 mg IV q 24 hours AND Vancomycin 15 mg/kg IV q 12 hours ¹ ¹ Linezolid* 600 mg IV q 12 hour an option for severe or non-resolving HCAP due to documented or presumed MRSA
Intra-Abdominal Infection (IAI) <i>Duration- 7 days if afebrile for 48 hours AND clinically stable</i>	Mild-to-Moderate or Community-Acquired Ceftriaxone 1 gm IV q 24 hours AND Metronidazole 500 mg IV q 8 hours Severe or Healthcare-Associated Piperacillin/Tazobactam 3.375 gm IV q 6 hours	Mild-to-Moderate or Community-Acquired Levofloxacin 750 mg IV q 24 hours AND Metronidazole 500 mg IV q 8 hours Severe or Healthcare-Associated Doripenem* 500 mg IV q 8 hours OR Cefepime 1 gm IV q 8 hours AND Metronidazole 500 mg IV q 8 hours
Cellulitis <i>Duration- 7 days if afebrile for 48 hours AND clinically stable</i>	Methicillin-susceptible S. aureus (MSSA) Cefazolin 1 gm IV q 8 hours Methicillin-resistant S. aureus (MRSA) Vancomycin 15 mg/kg IV q 12 hours	MSSA- PCN allergy Vancomycin 15 mg/kg IV q 12 hours Unresolving MRSA Obtain ID consult for alternative therapy
Wound Infection/Diabetic Ulcer Mild-to-Moderate <i>Duration- 14 days if clinically stable</i> Severe or Healthcare-Associated <i>Duration- 14-28 days if clinically stable</i>	Mild-to-Moderate Ceftriaxone 1 gm IV q 24 hours +/- Metronidazole 500 mg IV q 8 hours MRSA Risk - Add Vancomycin Severe or Healthcare-Associated Piperacillin/Tazobactam 3.375 gm IV q 6 hours AND Vancomycin 15 mg/kg IV q 12 hours	Mild-to-Moderate Levofloxacin 750 mg IV q 24 hours +/- Metronidazole 500 mg IV q 8 hours MRSA Risk- Add Vancomycin Severe or Healthcare-Associated Doripenem* 500 mg IV q 8 hours AND Vancomycin 15 mg/kg IV q 12 hours OR Cefepime 1 gm IV q 8 hours AND Metronidazole 500 mg IV q 8 hours AND Vancomycin 15 mg/kg IV q 12 hours
Complicated Urinary Tract Infection <i>Duration- 5-10 days if clinically stable</i>	Mild-to-Moderate or Community-Acquired Ceftriaxone 1 gm IV q 24 hours Severe or Healthcare-Associated Piperacillin/Tazobactam 3.375 gm IV q 6 hours	Mild-to-Moderate or Community-Acquired Levofloxacin 250-750 mg IV q 24 hours Severe or Healthcare-Associated Doripenem* 500 mg IV q 8 hours
Febrile Neutropenia <i>Duration- Continue until afebrile and ANC >500 cells/mm³ for 48 hours up to 14 days</i>	Piperacillin/Tazobactam 4.5 gm IV q 6 hours AND Vancomycin 15 mg/kg IV q 12 hours if indicated ² Indications for Vancomycin- Suspected line infection/cellulitis, known colonization with MRSA, positive blood culture for gram-positive bacteria, hypotension, severe mucositis, received flouroquinolone prophylaxis	Cefepime 2 gm IV q 8 hours AND Vancomycin 15 mg/kg IV q 12 hours if indicated ² OR Doripenem* 500 mg IV q 8 hours AND Vancomycin 15 mg/kg IV q 12 hours if indicated ²
Central Line Infection <i>Duration-14 days if no metastatic infection</i>	Vancomycin 15 mg/kg IV q 12 hours Remove line if possible	<i>Modify therapy based on culture results</i> Consider gram-negative and fungal pathogens
Clostridium Difficile Infection Mild-to-Severe Disease <i>Duration-10-14 days</i> Recurrent Disease <i>Duration- 14 days - 8 week tapered regimen</i>	Mild-to-Moderate Metronidazole 500 mg po TID Severe or Recurrent Vancomycin 125 mg po QID	Mild-to-Moderate Vancomycin 125 mg po QID Severe or Recurrent Vancomycin 125 mg po QID AND Metronidazole 500 mg IV q 8 hours
Bacterial Meningitis <i>Duration- 7-14 days if clinically stable</i>	Ceftriaxone 2 gm IV q 12 hours AND Vancomycin 15 mg/kg q 12 hours AND Ampicillin 2 gm IV q 4 hours if age >50 years	Consider Dexamethasone 0.15 mg/kg IV q 6 hours for suspected pneumococcal meningitis <i>Modify therapy based on culture results</i>
Endocarditis <i>Duration- 4-6 weeks depending on infecting organism</i>	Vancomycin 15 mg/ kg IV q 12 hours	For Prosthetic Valve Endocarditis Add Gentamicin* 1mg/kg q 8 hours AND Rifampin 300 mg IV/po q 8 hours <i>Modify therapy based on culture results</i>
Organism Specific Treatment Recommendations	MRSA- Vancomycin 15 mg/ kg IV q 12 hours Vancomycin-Resistant Enterococcus (VRE) Urine- Doxycycline 100 mg po bid or Nitrofurantoin 100mg bid Severe- Linezolid* or Daptomycin* Pseudomonas aeruginosa Piperacillin/Tazobactam>Ceftazidime>Cefepime>Levofloxacin Enterobacter species Cefepime>Piperacillin/Tazobactam>Levofloxacin>Ceftriaxone Acinetobacter Imipenem*>Amp/Sulbactam>Doripenem*>Cefepime	Mild MRSA cellulitis- TMP/SMX 5 mg/kg (TMP) po bid or Doxycycline 100 mg po bid Severe MRSA/VRE/ P. aeruginosa infection Obtain ID consult for alternative therapy Enterobacter species Doripenem* Drug of choice for resistant isolates Acinetobacter Tigecycline* possible alternative therapy

*Agent restricted to ID consult/Critical Care Attending Physician ***Drug Doses Assume Normal Renal and Hepatic Function***

Restricted Antimicrobials

Indication and ID Approval Required for ALL agents (Specialist approval accepted when applicable below)

ID Approval/ID MD to see by _____

Standard doses recommended below assume normal renal and hepatic function

	<u>Dose Interval</u>	<u>Alternative Dosing</u>	<u>Indication</u>
<input type="checkbox"/> Amikacin Weight _____	15 mg/kg Q24H	<input type="checkbox"/> _____	<input type="checkbox"/> Serious infection due to pathogen resistant to gentamicin and tobramycin
<input type="checkbox"/> Anidulafungin	200 mg IV LD day 1, then 100 mg IV Q24H		<input type="checkbox"/> Empiric treatment of Candidemia <input type="checkbox"/> Febrile Neutropenia <input type="checkbox"/> Treatment for non-albicans Candidiasis <input type="checkbox"/> Invasive aspergillosis
<input type="checkbox"/> Aztreonam	1 gm IV Q8H	<input type="checkbox"/> _____	<input type="checkbox"/> Severe Allergy to Beta-lactams Pathogen resistant to all other agents
<input type="checkbox"/> Daptomycin Weight _____ (4-6mg/kg)	___ mg IV Q24H	<input type="checkbox"/> _____	<input type="checkbox"/> VRE infection <input type="checkbox"/> Gram positive infection allergic to standard therapy <input type="checkbox"/> Gram positive infection unresponsive to current therapy
<input type="checkbox"/> Doripenem	500 mg IV Q8H	<input type="checkbox"/> _____	<input type="checkbox"/> Gram-negative infection unresponsive to current therapy <input type="checkbox"/> Pathogen resistant to other broad-spectrum Beta-lactams <input type="checkbox"/> Documented or suspected ESBL infection

ID/Critical Care Approval for Doripenem by _____

<input type="checkbox"/> Ertapenem	1 gm IV Q24H	<input type="checkbox"/> _____	<input type="checkbox"/> Polymicrobial, non-pseudomonal infection resistant to Ceftriaxone
<input type="checkbox"/> Gentamicin Weight _____	5 mg/kg Q24H	<input type="checkbox"/> _____	<input type="checkbox"/> Serious Infection due to resistant pathogen requiring aminoglycoside

ID/Nephrology Approval for Gentamicin by _____

<input type="checkbox"/> Imipenem (Non-formulary)	500 mg IV Q6H	<input type="checkbox"/> _____	<input type="checkbox"/> Serious Infection due to pathogen resistant to doripenem
<input type="checkbox"/> Linezolid	600 mg IV Q12H		<input type="checkbox"/> VRE infection <input type="checkbox"/> Gram positive infection unresponsive to current therapy <input type="checkbox"/> Gram positive infection allergic to standard therapy
<input type="checkbox"/> Linezolid PO	600 mg PO BID		<input type="checkbox"/> PO only - Oral transition therapy for MRSA

ID/Critical Care Approval for Linezolid by _____

<input type="checkbox"/> Rifampin PO	300 mg PO BID	<input type="checkbox"/> _____	<input type="checkbox"/> Synergy for Gram positive infection <input type="checkbox"/> Part of treatment regimen for Mycobacterial infection
<input type="checkbox"/> Rifampin	300 mg IV Q12H	<input type="checkbox"/> _____	<input type="checkbox"/> IV only - Unable to tolerate oral medications
<input type="checkbox"/> Tigecycline	100mg LD then 30 mg IV Q12H		<input type="checkbox"/> VRE infection <input type="checkbox"/> Polymicrobial infection unresponsive to current therapy <input type="checkbox"/> Polymicrobial infection allergic to standard therapy <input type="checkbox"/> Gram-negative infection resistant to other broad-spectrum agents ***Not for use in bacteremic patients***
<input type="checkbox"/> Tobramycin Weight _____	5 mg/kg Q24H	<input type="checkbox"/> _____	<input type="checkbox"/> Serious infection due to pathogen resistant to gentamicin
<input type="checkbox"/> Voriconazole Weight _____	6 mg/kg IV Q12H x 2 doses, then 4 mg/kg IV Q12H (IV form not to be used in patients with CrCl < 50 ml/min)		<input type="checkbox"/> Invasive aspergillosis <input type="checkbox"/> Febrile neutropenia unresponsive to initial antifungal therapy
<input type="checkbox"/> Voriconazole PO	200 mg PO BID * 400 mg PO Q12H x 2 doses LD (IF patient has not been on IV voriconazole)		<input type="checkbox"/> Alternate Dosing IV/po _____

ID/Heme/Onc Approval for Voriconazole by _____

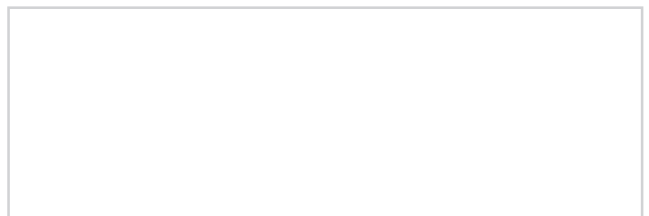
_____ Date / Required	_____ Time / Required	_____ Printed Physician Name / Required	X _____ Signature / Title of Qualified Person / Required
_____ Date / Required	_____ Time / Required	X _____ Physician Signature / Required	

THERAPEUTIC ANTIMICROBIAL ORDER FORM

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St. Luke's Hospital Antibiotic Renal Dosing Recommendations

Antibiotics	CrCl >50 mL/min	CrCl 10-50 mL/min	CrCl < 10 mL/min
Ampicillin	1-2 gm q 4-6 hours	1-2 gm q 6-8 hours	1 gm q 12 hours
Ampicillin/Sulbactam (Unasyn)	1.5-3 gm q 6 hours	1.5-3 gm q 8-12 hours	1.5-3 gm q 24 hours
Amoxicillin PO	500 mg po q 8 hours	500 mg po q 8-12 hours	500 mg po q 24 hours
Amoxicillin/Clavulanate PO (Augmentin)	875 mg - 2 gm po q 12 hours	500 mg po q 12 hours	500 mg po q 24 hours
Azithromycin (Zithromax)	500 mg po/IV q 24 hours	No Change	No Change
Aztreonam (Azactam)	1-2 gm q 8 hours	1-2 gm q 8-12 hours	0.5-1 gm q 12-24 hours
Cefazolin (Ancef)	1-2 gm q 8 hours	1 gm q 12 hours	1 gm q 24 hours
Cefepime (Maxipime) *Febrile Neutropenia*	2 gm q 8 hours	2 gm q 12 hours	2 gm q 24 hours
Cefepime (Maxipime)	1 gm q 8-12 hours	1 gm q 12 hours	1 gm q 24 hours
Cefoxitin (Mefoxin)	1-2 gm q 6-8 hours	1-2 gm q 8-12 hours	1 gm q 24 hours
Ceftazidime (Fortaz)	1-2 gm q 8 hours	1-2 gm q 12-24 hours	1 gm q 48 hours
Cefuroxime PO (Ceftin)	500 mg q 12 hours	250-500 mg q 12 hours	250-500 mg q 24 hours
Ceftriaxone (Rocephin)	1 gm q 24 hours	No Change	No Change
Ceftriaxone **Meningitis Dosing**	2 gm q 12 hours	No Change	No Change
Cephalexin (Keflex)	500 mg q 6 hours	500 mg q 8-12 hours	500 mg q 12-24 hours
Ciprofloxacin IV (Cipro)	400 mg q 8 hours	400 mg q 12 hours	400 mg q 24 hours
Nosocomial Pneumonia			
Ciprofloxacin PO (Cipro)	250-750 mg po q 12 hours	250-500 mg q 12 hours	250-500 mg q 24 hours
Clindamycin IV (Cleocin)	600-900 mg q 8 hours	No Change	No Change
Clindamycin PO (Cleocin)	150-450 mg po q 6-8 hours	No Change	No Change
Daptomycin (Cubicin)	4-6 mg/kg q 24 hours	<30 mL/min- 4-6 mg/kg q 48 hours	
Doxycycline	100 mg po/IV q 12 hours	No Change	No Change
Doripenem (Doribax)	500 mg q 8 hours	250 mg q 8 hours	250 mg q 12 hours
Ertapenem	1 gm IV q 24 hours	<30 mL/min- 500 mg q 24 hours	
Gentamicin 5 mg/kg (Once Daily Administration)	>60 mL/min- q 24 hours 20-39 mL/min- q 48 hours	40-59 mL/min- q 36 hours < 20 mL/min- do not use ODA	
Once daily administration (ODA) of aminoglycosides should be guided by nomogram. Draw random aminoglycoside level 6-14 hours after end of infusion and refer to nomogram			
Gentamicin(Traditional Dosing)	1.5-2 mg/kg q 8 hours	1.5-2 mg/kg q 12-24 hours	Follow levels after initial dose
Traditional dosing of Aminoglycosides should be guided by serum levels. Peak levels 30 minutes after infusion and troughs should be drawn Target peaks 5-8 mcg/mL and troughs 1-2 mcg/mL			
Imipenem (Primaxin)	> 70 mL/min- 500 mg q 6 h 30-69 mL/min- 500 mg q 8 h 10-30 mL/min- 500mg q 12 h <10 mL/min- 500mg q 24 h		
Levofloxacin (Levaquin) CAP, Pseudomonal Dosing	750 mg q 24 hours	750mg q 48 hours	750 mg LD then 500 mg q 48 h
Levofloxacin (Levaquin)	500 mg po/IV q 24 hours	500 mg LD then 250 mg q 24 h	500 mg LD then 250 mg q 48 h
Linezolid (Zyvox)	600 mg po/IV q 12 hours	No Change	No Change
Metronidazole (Flagyl)	500 mg po/IV q 8 hours	No Change	500 mg q 12 hours
Meropenem	1 gm IV q 8 hours		
Nitrofurantoin PO (Macrobid)	100 mg po q 12-24 hours	Avoid Use	Avoid Use
Oxacillin	2 gm q 4 hours	No Change	No Change
Penicillin G	2-4 MU q 4 hours	2-4 MU q 6-8 hours	1 MU q 6 hours
Piperacillin/Tazobactam (Zosyn)	4.5 gm q 6 hours	3.375 gm q 6 hours	2.25 gm q 6 hours
Nosocomial Pneumonia			
Piperacillin/Tazobactam (Zosyn)	3.375 gm q 6 hours	2.25 gm q 6 hours	2.25 gm q 8 hours
TMP/SMX (Bactrim IV/po) GNR (160 mg TMP per DS tablet)	2.5- 5 mg/kg (TMP) q 12 hours	2.5- 5 mg/kg (TMP) q 24 hours	Avoid Use
TMP/SMX (Bactrim IV/po) High Dose PCP/S. maltophilia	5 mg/kg (TMP) q 8 hours	5 mg/kg (TMP) q 12 hours	2.5- 5 mg/kg (TMP) q 24 hours
Tobramycin	***See Gentamicin Dosing***		
Tigecycline (Tygacil)	100 mg LD then 50 mg q 12 h	No Change	No Change
Vancomycin	15 mg/kg q 12 hours	15 mg/kg q 24 hours	Follow levels after initial dose