

## Example 4.8 Sharp Coronado Hospital Fever/Suspected Infection Treatment (page 1 of 3)

# SHARP LTC FEVER / SUSPECTED INFECTION EMPIRIC TREATMENT

Note: Prechecked Orders will be followed unless lined out Version: (8/2/2016) Approved for: SCO

## PATIENT STATUS

*Transfer to Acute Care or Intensive Care: Patients with suspected abdominal abscess or complete ileus, toxic megacolon or severe, complicated Clostridium difficile Infection.*

### Transfer Patient

- Acute Care  
 Intensive Care

## VITAL SIGNS

- Vital Signs Q3H for 24 hours then Per Unit Guidelines of Care

## NUTRITION

- Dietary Supplements DanActive or equivalent, 1 carton, FT, BID, for 14 day; C.difficile infection prevention. Pharmacist to adjust duration to continue during antibiotic course plus 1 additional week. Contraindicated in immunosuppressed patients. Do not give per J-Tube.

## PATIENT CARE

- Notify Provider No resolution of fever within 48 hours, call ID Provider/Specialist.

## IV SOLUTIONS

- Peripheral IV Insertion If no IV access  
 Nursing to Initiate Saline lock Insertion Careset

## MEDICATIONS

*Note: Select dietary supplement DanActive for patients with NG/GT route*

- Lactobacillus acidophilus and casei (BioK plus) 2 cap, PO, daily, probiotic for C.difficile infection prevention, for 14 day(s). Pharmacist to adjust duration to continue during antibiotic course plus 1 additional week. This is a live organism. Do not open capsule. PO administration only. Do not give by NG/FT route. Contraindicated in immunosuppressed patients. May change to DanActive or equivalent if feeding tube present.

## Empirical Antibiotic treatment recommendations for patients on LTC (ID recommendations):

### UTI Suspected

*Select either Gentamicin OR cefuroxime*

- Consult to Pharmacy for Gentamicin 2 mg/kg IVPB X 1 dose (loading dose), then pharmacy to dose, 7 days total therapy, UTI Suspected, Antibiotic Indication: Urinary Tract infection, Empiric. May give IM if unable to obtain IV access

### cefuroxime (Ceftin)

- 250 mg, PO, BID, for 7 day, UTI Suspected, Start date = T;N  
 250 mg, FT, BID, for 7 day, UTI Suspected, Start date = T;N

## Respiratory Infection Suspected

*Select cefepime AND doxycycline*

- cefepime (Maxipime) 2 g, IVPB, Q12H, for 7 days, Pharmacy to renally adjust Respiratory Infection. May give IM if unable to obtain IV access.  
 doxycycline 100 mg, PO, Q12H, for 7 day(s), supplied as tab, Antibiotic Indication: Respiratory infection, Empiric  
 doxycycline 100 mg, FT, Q12H, for 7 day(s), supplied as tab, Antibiotic Indication: Respiratory infection, Empiric  
 doxycycline 100 mg, IVPB, Q12H, for 7 day(s), if unable to tolerate po/FT route. Antibiotic Indication: Respiratory infection, Empiric

## Non-Purulent Skin/Soft Tissue Infection

*Note: Consider transfer to acute care for emergent surgical inspection/debridement; r/o necrotizing process*

*Option 1: For mild non-purulent cellulitis: cephalexin*

- cephalexin (Keflex) 500 mg, PO, QID, for 7 day(s), Antibiotic Indication: Mild non-purulent cellulitis, Empiric  
 cephalexin (Keflex) 500 mg, FT, Q6H, for 7 day(s), Antibiotic Indication: Mild non-purulent cellulitis, Empiric

*Option 2: For moderate non-purulent cellulitis: ceftazolin*

- ceftazolin (Ancef) 1 g, push IV, Q8H, for 7 day(s), supplied as syringe compounded, Pharmacist to adjust ceftazolin dosing to 2 g for patients with body weight >100kg. Antibiotic Indication: Moderate non-purulent cellulitis, Empiric

*Option 3: For mild-moderate non-purulent cellulitis (for severe penicillin allergy or inability to obtain IV access): clindamycin*

- clindamycin (Cleocin) 300 mg, PO, QID, for 7 day(s), Antibiotic Indication: Mild-moderate non-purulent cellulitis, Empiric  
 clindamycin (Cleocin) 300 mg, FT, Q6H, for 7 day(s), Antibiotic Indication: Mild-moderate non-purulent cellulitis, Empiric  
 clindamycin (Cleocin) 900 mg, IVPB Q8H, for 7 day(s), Antibiotic Indication: Mild-moderate non-purulent cellulitis, Empiric

## PATIENT IDENTIFICATION

(Orders continued on next page)

For more information about this example contact Bridget Olson, ID/ASP Pharmacist at [Bridget.Olson@sharp.com](mailto:Bridget.Olson@sharp.com)

Example 4.8 Sharp Coronado Hospital Fever/Suspected Infection Treatment (page 2 of 3)

**SHARP** LTC FEVER / SUSPECTED INFECTION EMPIRIC TREATMENT

Note: Prechecked Orders will be followed unless lined out Version: (8/2/2016) Approved for: SCO

*Option 4: For severe non-purulent cellulitis: select cefazolin AND clindamycin*

- cefazolin (Ancef)** 1 g, push IV, Q8H, for 7 day(s), supplied as syringe compounded, Pharmacist to adjust cefazolin dosing to 2 g for patients with body weight >100kg. Antibiotic Indication: Severe non-purulent cellulitis, Empiric
- clindamycin (Cleocin)** 300 mg, PO, QID, for 7 day(s), Antibiotic Indication: Severe non-purulent cellulitis, Empiric
- clindamycin (Cleocin)** 300 mg, FT, Q6H, for 7 day(s), Antibiotic Indication: Severe non-purulent cellulitis, Empiric
- clindamycin (Cleocin)** 900 mg, IVPB Q8H, for 7 day(s), Antibiotic Indication: Severe non-purulent cellulitis, Empiric

**Purulent Skin/soft tissue infection**

*Special instructions: Treatment for all purulent skin/soft tissue infections should include incision and drainage*

*Option 1: For mild purulent cellulitis: incision and drainage only*

*Option 2: For moderate purulent cellulitis: doxycycline*

- doxycycline** 100 mg, PO, Q12H, for 7 day(s), supplied as tab, Antibiotic Indication: Moderate purulent cellulitis, Empiric
- doxycycline** 100 mg, FT, Q12H, for 7 day(s), supplied as tab, Antibiotic Indication: Moderate purulent cellulitis, Empiric

*Option 3: For severe purulent cellulitis: Select consult to Pharmacy for Vancomycin*

**Consult to Pharmacy for vancomycin (Vancocin)** 20-25 mg/kg IVPB X 1 (loading dose), then pharmacy to dose, 7 days total therapy. Discontinue vancomycin if wound culture is negative for MRSA and begin **cefazolin (Ancef)** Antibiotic Indication: Severe Purulent Cellulitis, Empiric

**cefazolin (Ancef)** 1 g, push IV, Q8H, for 7 day(s), supplied as syringe compounded, if wound culture is negative for MRSA.

Pharmacist to adjust dosing to 2 g for patients with body weight >100kg. Antibiotic Indication: Severe Purulent Cellulitis, Empiric,

**Diarrhea**

*For Clostridium difficile Infection (initial or repeat episodes):*

**vancomycin (Vancocin)**

- 125 mg, oral syringe, PO, QID, for 14 day(s), Special Instructions: For Clostridium difficile Infection
- 125 mg, oral syringe, FT, QID, for 14 day(s), Special Instructions: For Clostridium difficile Infection

*For complete ileus, toxic megacolon or severe, complicated Clostridium difficile Infection:*

*Select vancomycin (Vancocin) po high dose +/- Flagyl IV (consider transfer to acute care)*

**vancomycin (Vancocin)**

- 500 mg, oral syringe, PO, QID, for 14 day, Special Instructions: Repeat episodes of severe, complicated Clostridium difficile Infection
- 500 mg, oral syringe, FT, QID, for 14 day, Special Instructions: Repeat episodes of severe, complicated Clostridium difficile Infection
- metroNIDAZOLE (Flagyl)**, 500 mg, IVPB, Q8H, for 7 day, Special Instructions: Initial episode of severe, complicated Clostridium difficile Infection

(Orders continued on next page)

PATIENT IDENTIFICATION

For more information about this example contact Bridget Olson, ID/ASP Pharmacist [Bridget.Olson@sharp.com](mailto:Bridget.Olson@sharp.com)

Example 4.8 Sharp Coronado Hospital Fever/Suspected Infection Treatment (page 3 of 3)

**SHARP** LTC FEVER / SUSPECTED INFECTION EMPIRIC TREATMENT  
 Note: Prechecked Orders will be followed unless lined out Version: (8/2/2016) Approved for: SCO

**LABORATORY**

*CULTURES (Obtain prior to antibiotic administration)*

Microbiology

**Blood Culture** Blood Vein Draw Lab, At separate sites, Stat collect, T;N, Q5MIN 2 time(s)

**Respiratory Culture**

- Sputum Induced, Routine collect, T;N
- Tracheal Aspirate, Routine collect, T;N

**Urinalysis**

- Urine, Routine, RT - Routine, T;N, Catheterized Urine, Indwelling Cath
- Urine, Routine, RT - Routine, T;N, Catheterized Urine, Straight Cath
- Urine, Routine, RT - Routine, T;N, Urine, Clean Catch

**Urine Culture**

- Catheterized Urine, Indwelling, Routine collect
- Catheterized Urine, Straight, Routine collect
- Urine, Clean Catch, Routine collect
- MRSA Molecular Amp** Nares, Routine collect
- Clostridium difficile Antigen and Toxin** Stool, Routine collect
- Catheter Tip Culture** Routine collect

**DIAGNOSTIC TESTS**

**Chest XR 2 Views** Routine, once, Transport Mode: Call Floor

**RESPIRATORY**

**Oxygen Therapy** per respiratory therapy

Provider Signature: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_  
 RN Signature: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_  
 VO/TO Readback: \_\_\_\_\_ (initial)

\_\_\_\_\_  
**PATIENT IDENTIFICATION**

For more information about this example contact Bridget Olson, ID/ASP Pharmacist at [Bridget.Olson@sharp.com](mailto:Bridget.Olson@sharp.com)