ANTIMICROBIAL PRESCRIPTION FORM

ANTIMICROBIALS MUST BE ORDERED ON THIS SHEET AND INCLUDE AN INDICATION FOR USE. NON-FORMULARY OR RESTRICTED ANTIBIOTICS REQUIRE ID APPROVAL. USE BALL POINT PEN ONLY.

ALLERGIES: ____________________________ PATIENT WEIGHT (KG): ____________________________

NEUTROPENIA [ ] RENAL DYSFUNCTION [ ] Yes DOSAGE ADJUSTMENT ONLY [ ]
ANC < 100/mm³ Scr > 1.3 mg/dl or [ ] No Proceed to orders
CrCl < 50 ml/minute [ ] Not known

THERAPEUTIC USE
[ ] EMPIRIC THERAPY
Automatic stop order after 3 days.

[ ] DOCUMENTED INFECTION
Automatic stop order after 7 days.

[ ] CONTINUOUS PROPHYLAXIS
Automatic stop order after 7 days.

SUSPECTED SITE(S)
[ ] Abdominal
[ ] Bacteremia
[ ] Bone & Joint
[ ] CNS
[ ] Genito-urinary
[ ] Lower Respiratory
[ ] Upper Respiratory
[ ] Skin & Soft Tissue
[ ] Unknown
[ ] Other: ____________________________
[ ] Prosthesis (specify): ____________________________

SUSPECTED PATHOGEN(S)
[ ] Gram + Aerobe
[ ] Gram - Aerobe
[ ] Anaerobe
[ ] Fungus
[ ] Other: ____________________________

DATE: ____________________________ TIME: ____________________________ ORDERS: ____________________________

SIGNATURE: ____________________________ ID#: ____________________________

PROPHYLACTIC USE: Automatic stop order at 24 hours.

[ ] Surgical Site Infection Prophylaxis (Specify Procedure)
Administer dose at induction (within 2 hours prior to incision).

[ ] Continuation of prior order for Surgical prophylaxis (Proceed to orders)

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>SUGGESTED REGIMEN</th>
<th>PENICILLIN ALLERGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean- high risk or with implant</td>
<td>Cefazolin 1 gram IV or 25 mg/kg for pediatrics</td>
<td>Vancomycin 1 gram IV or 15 mg/kg for pediatrics</td>
</tr>
<tr>
<td>Clean contaminated- potential UGI or respiratory flora contamination</td>
<td>Cefazolin 1 gram IV or 25 mg/kg for pediatrics</td>
<td>Clindamycin 900 mg IV or 5 mg/kg for pediatrics</td>
</tr>
<tr>
<td>Clean contaminated- potential GU or lower GI flora contamination</td>
<td>Cefotaxim 1 gram IV or 50 mg/kg for pediatrics</td>
<td>Gentamicin 1.5 mg/kg &amp; Metronidazole 500 mg 7.5 mg/kg for pediatrics</td>
</tr>
</tbody>
</table>

[ ] Other prophylaxis (e.g. endocarditis). Specify:

DATE: ____________________________ TIME: ____________________________ ORDERS: ____________________________

SIGNATURE: ____________________________ ID#: ____________________________

ID approval given by (for restricted antibiotics only): ____________________________

DISTRIBUTION: White – Medical Records; Yellow - Pharmacy