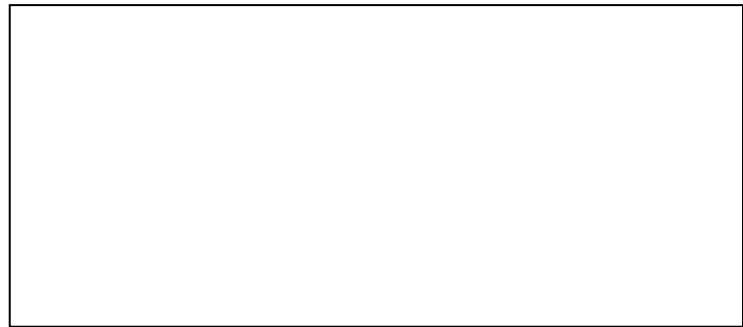


EMPIRIC ANTIBIOTIC ORDERS

(INITIAL THERAPY – FIRST 24 HOURS)



Check box to activate order	
LACTOBACILLUS ACIDOPHILLUS	IF PO'S TOLERATED: May add Lactobacillus Acidophilus to all the following antibiotic regimens: <input type="checkbox"/> Lactobacillus Acidophilus 1 capsule PO BID OR <input type="checkbox"/> Lactobacillus Acidophilus 1 packet PO / g-tube BID
PNEUMONIA / RESPIRATORY INFECTION	COMMUNITY ACQUIRED: <u>NON-ICU PATIENTS ONLY</u> (typical/atypical bacteria suspected) <input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV daily PLUS Azithromycin (Zithromax) 500 mg po daily x 5 doses <input type="checkbox"/> Levofloxacin (Levaquin) 750 mg IV daily
	COMMUNITY ACQUIRED: <u>ICU PATIENT ONLY</u> (typical/atypical bacteria suspected) <input type="checkbox"/> Levofloxacin (Levaquin) 750 mg IV daily (pharm to adjust dose based on serum creat) PLUS Ceftriaxone (Rocephin) 1 gm IV daily OR <input type="checkbox"/> Cefepime (Maxipime) 2 gm IV BID PLUS Azithromycin (Zithromax) 500 mg IV daily <input type="checkbox"/> IF anaphylactic Beta Lactam allergy: Levofloxacin (Levaquin) 750 mg IV daily PLUS Aztreonam (Azactam) 1 gm every 8 hours
	ASPIRATION SUSPECTED: <input type="checkbox"/> Ertapenem (Invanz) 1 gm IV daily OR <input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV daily PLUS Clindamycin (Cleosin) 900 mg IV every 8 hrs
	NOSOCOMIAL: (Healthcare acquired and/or pseudomonal risk) <input type="checkbox"/> Piperacillin/Tazobactam (Zosyn) 4.5 gm IV every 8 hrs PLUS Levofloxacin (Levaquin) 750 mg IV daily OR <input type="checkbox"/> Cefipime (Maxipime) 2 gm IV BID PLUS Levofloxacin (Levaquin) 750 mg IV daily PLUS Tobramycin dose per pharm protocol OR <input type="checkbox"/> Cefipime (Maxipime) 2 gm IV BID PLUS Azithromycin (Zithromax) 500 mg IV/PO daily PLUS Tobramycin dose per pharm protocol
	<u>ONLY First 24 Hours if MRSA SUSPECTED (ex. Gram stain with Gram + Cocci):</u> <input type="checkbox"/> Vancomycin 1 gm IV now, then further doses per pharmacy protocol
ABDOMINAL TRACT INFECTION	<input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV daily PLUS Metronidazole (Flagyl) 500 mg IV every 8 hrs OR <input type="checkbox"/> Ertapenem (Invanz) 1 gm IV daily
	NOSOCOMIAL: C-difficile toxin positive SEE DIARRHEA GUIDELINE
URINARY TRACT INFECTION	<input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV daily
	NOSOCOMIAL: <input type="checkbox"/> Cefepime (Maxipime) 2 gm IV every 12 hrs
	UROSEPSIS: <input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV daily MAY ADD: <input type="checkbox"/> Tobramycin 7 mg/kg (serum creat. ≥ 1.8 give 3 mg/kg) IV x1, then per pharm protocol
SOFT TISSUE INFECTION	CELLULITIS: (Uncomplicated, non-diabetic): <input type="checkbox"/> Cefazolin (Ancef) 1 gm IV every 8 hrs OR <input type="checkbox"/> Nafcillin 2 gm IV every 4 hrs MAY ADD: <input type="checkbox"/> Clindamycin (Cleosin) 900 mg IV every 8 hrs if toxin-producing strep
	METHICILLIN RESISTANT STAPH (MRSA): <input type="checkbox"/> Vancomycin 1 gm IV now, then further doses per pharmacy protocol OR <input type="checkbox"/> Linezolid (Zyvox) 600 mg IV every 12 hrs
	SEVERE SOFT TISSUE INFECTION: (e.g. diabetic foot, wounds, decubitus): <input type="checkbox"/> Ertapenem (Invanz) 1 gm IV daily (DO NOT USE FOR SEVERE PENICILLIN ALLERGY)
Date: _____ / _____ / 20____ Time: _____ Physician Signature: _____ Date: _____ / _____ / 20____ Time: _____ RN Signature: _____	