

# HOME AND COMMUNITY CARE SUPPORT SERVICES

South West

## IV Antibiotic Referral Order Form

<b>Patient Name:</b> _____ <b>HCN:</b> _____ <b>Gender:</b> _____ <b>DOB</b> (yyyy/mm/dd) _____ <b>Address:</b> _____ <b>Phone Home:</b> _____ <b>Cell:</b> _____	<b>Address &amp; Phone for IV delivery &amp; Care Provision (if different)</b> _____ _____ _____ <b>Referral Form must be completed in full to permit processing. Incomplete orders will be returned.</b>
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**Complete & fax to: 1-519-472-4045 or 1-855-223-2847**  
**Orders processed between 8am – 8pm (7days/week) and require a minimum 4 hour turnaround window.**

**Vascular Access:**     Peripheral Line                       Central Line/Port                       PICC: number of lumens \_\_\_\_\_

**Clinical Indication for Antibiotic Use**  
 Cellulitis     Pneumonia     UTI     Osteomyelitis     Intra-abdominal     Bloodstream/Septicemia  
 Other \_\_\_\_\_

**List ALL Drug Allergies:** \_\_\_\_\_ **Weight(kg):** \_\_\_\_\_  
**Last Creatinine (if available):** (µmol/L) \_\_\_\_\_ **Date of sample:** \_\_\_\_\_ **or eGFR** \_\_\_\_\_ **Date of sample:** \_\_\_\_\_  
(Creatinine required for drug level monitoring) (yyyy/mm/dd) (yyyy/mm/dd)

<b>Antibiotic Selection (one antibiotic / form)</b> * = Renal Dosing Required    ◆ = Requires Drug Level Monitoring  <input type="checkbox"/> Ampicillin * <input type="checkbox"/> CeFAZolin * <input type="checkbox"/> CefTAZidime * <input type="checkbox"/> CefTRIAxone <input type="checkbox"/> Cloxacillin <input type="checkbox"/> Penicillin G <input type="checkbox"/> Piperacillin / Tazobactam * <input type="checkbox"/> Vancomycin *◆ (treatment > than 7days, central line req'd)	<b>Protected Antibiotics</b> <b>Will be reviewed by Community Pharmacy within 72 hours if not previously reviewed.</b> <input type="checkbox"/> This antibiotic was reviewed by an Infectious Disease specialist.  <input type="checkbox"/> Ciprofloxacin * <input type="checkbox"/> Meropenem * <input type="checkbox"/> Imipenem * <input type="checkbox"/> Ertapenem * <input type="checkbox"/> Gentamicin * ◆ <input type="checkbox"/> Tobramycin * ◆ <input type="checkbox"/> Other: _____
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**Dose:** \_\_\_\_\_ **Frequency:**  q24h     q12h     q8h     q6h     q4h    Other \_\_\_\_\_

**Duration of remaining community treatment:** \_\_\_\_\_ Days (number of), **or** \_\_\_\_\_ Doses (number of)

**Last Dose in Hospital:** Date: (yyyy/mm/dd) \_\_\_\_\_ Time: \_\_\_\_\_  am  pm  N/A (\* see below)

\* For First Dose in the Home Infusions, the [IV First Dose / Iron Sucrose Screener](#) is required

**Community Therapy to Start:** Date: (yyyy/mm/dd) \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

Start time may be delayed up to a max of 8hrs (recommended when 'Therapy to Start' time falls btw 0000-0800)

Unless specified below, [Standard Adult Flush Protocol](#) will be used in community.  
 Specific Flush Protocol (including Pediatric flushes): \_\_\_\_\_

**To consult a Community Pharmacist:**  
Yureks Specialties Limited (London, Middlesex, Oxford, Elgin & South Huron) Phone: 1-519-680-7474, Ext: 5404  
Browns Pharmacy (Grey Bruce, North Huron/Perth) Phone: 1-519-881-2420 or 1-844-474-7577

<b>PRESCRIBER (PLEASE PRINT CLEARLY):</b>	
<b>NAME:</b> _____	<b>SIGNATURE:</b> _____
<b>CPSO #:</b> _____	
<b>CONTACT PHONE NUMBER / PAGER / EXT FOR INITIAL ORDER CLARIFICATION</b>	<b>OFFICE FAX NUMBER</b>
<b>DATE:</b> _____ yyyy/mm/dd	

## Antibiotic Stewardship Best Practice Prescribing Guidelines

Consider transition to oral as soon as able – Do not use this form to order oral medications

<u>Infection</u>	<u>Recommended</u>	<u>Secondary Antibiotic</u>	<u>Duration</u>	<u>Oral Transition</u>
<b>Cellulitis / Bursitis</b>	Cefazolin 1-2 g IV q8h	Ceftriaxone 1-2 g IV q24h	5-7 days	<ul style="list-style-type: none"> <li>Cephalexin * 500 mg PO QID</li> <li>Amoxicillin – clavulanate * 500 mg PO TID</li> <li>Trimethoprim-sulfamethoxazole 1 DS PO BID (major penicillin allergy or MRSA)</li> <li>Clindamycin 150-300mg PO QID (major penicillin allergy or MRSA)</li> <li>Doxycycline 100 mg PO BID (Major penicillin allergy or MRSA)</li> </ul>
<b>Pneumonia</b>	Ceftriaxone 1-2 g IV q24h		5-7 days	<ul style="list-style-type: none"> <li>Amoxicillin-clavulanate * 500 mg PO TID</li> <li>Cefuroxime * 500 mg PO BID</li> <li>Azithromycin 500 mg PO on day 1, then 250 mg PO OD x 4 days (major penicillin allergy)</li> <li>LevoFLOXacin * 500 mg PO OD (major penicillin allergy)</li> <li>Doxycycline 100 mg PO BID (major penicillin allergy)</li> </ul>
<b>Urinary Tract Infection</b>	Ceftriaxone 1g IV q24h		3-5 days (cystitis); 7-14 days (pyelonephritis)	<ul style="list-style-type: none"> <li>Amoxicillin-clavulanate * 500 mg PO TID</li> <li>Sulfamethoxazole-trimethoprim 1 DS PO BID</li> <li>Ciprofloxacin 500 mg PO BID (major penicillin allergy)</li> <li>Nitrofurantoin 100 mg PO BID (cystitis only)</li> <li>Fosfomycin 3 g PO once (cystitis only)</li> </ul>
<b>Osteomyelitis</b>	Cefazolin 2 g IV q8h	<ol style="list-style-type: none"> <li>Cloxacillin 2 g IV q4-6h (staphylococcal osteomyelitis)</li> <li>Vancomycin 1 g IV q12h (major penicillin allergy or MRSA)</li> <li>Piperacillin-tazobactam 4.5 g IV q6h (polymicrobial or diabetic infection)</li> </ol>	6 weeks	<ul style="list-style-type: none"> <li>Cephalexin 500 mg PO QID or 1000 mg PO TID (staphylococcal osteomyelitis)</li> <li>Amoxicillin-clavulanate * 500 mg PO TID (polymicrobial or diabetic foot infection)</li> </ul>
<b>Intraabdominal</b>	Ceftriaxone 1-2 g IV q24h (in combination with oral metronidazole 500mg PO BID)	Piperacillin-tazobactam 4.5 g IV q8h	5-14 days (source & severity)	<ul style="list-style-type: none"> <li>Amoxicillin-clavulanate * 500 mg PO TID</li> <li>Ciprofloxacin 500 mg PO BID plus metronidazole 500 mg PO BID (major penicillin allergy)</li> </ul>
<b>Bloodstream/ Septicemia</b>	<p><b><i>Staphylococcus aureus</i>/Group A or B or C</b></p> <p><b><i>Streptococcus</i>:</b> Cefazolin 1-2g IV q8h</p> <p><b>OR</b></p> <p>Cloxacillin 2g IV q4-6h OR vancomycin 1 g IV q12h (major penicillin allergy or MRSA infection)</p>	<p><b><i>Streptococcus pneumoniae</i>:</b></p> <ol style="list-style-type: none"> <li>Ceftriaxone 1-2 g IV q24h</li> <li>Penicillin G 3-4 million units IV q4h</li> </ol> <p><b><i>E. coli/Klebsiella/Proteus</i>:</b></p> <ol style="list-style-type: none"> <li>Cefazolin 1-2g IV q8h</li> <li>Ceftriaxone 1-2g IV q24h</li> </ol> <p><b><i>Pseudomonas</i>:</b></p> <ol style="list-style-type: none"> <li>Piperacillin-tazobactam 4.5 g IV q6h</li> <li>Ceftazidime 1-2g IV q8h</li> <li>Meropenem 1-2 g IV q8h (for drug-resistant strains)</li> </ol>	1-2 weeks (minimum 2 weeks for <i>Staphylococcus aureus</i> bacteremia)	<p><b><i>Streptococcus pneumoniae</i>:</b></p> <ul style="list-style-type: none"> <li>LevoFLOXacin *500 mg IV/PO q24h (major penicillin allergy)</li> </ul> <p><b><i>E. coli/Klebsiella/Proteus</i>:</b></p> <ul style="list-style-type: none"> <li>LevoFLOXacin 500 mg IV/PO q24h (major penicillin allergy)</li> </ul>