

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

Cellulitis/Skin and Skin Structure Infections

Version 2 8/29/18

- This order set must be used with an admission order set or for patients already admitted.
- ***This order set is not intended for patients with Severe Sepsis/ Septic Shock-*** For these patients, use the ICU Sepsis order set

Nursing Orders

- Verify that blood and wound cultures have been obtained before starting antibiotics

Medications

Cellulitis/Skin and Skin Structure Infections Anti-Infectives

- 95% of episodes of beta-hemolytic streptococci
5% of episodes for Staph aureus but only if abscess is present (including MRSA)
- First Line Treatment-No Cephalosporin Allergy AND No Anaphylaxis to Penicillin -SELECT ALL***
 - ceFAZolin (ANCEF)
 - 2 gram intravenously every 8 hours
 - clindamycin (CLEOCIN)
 - 900 milligram intravenously every 8 hours
- Cephalosporin Allergy AND/OR Anaphylaxis to Penicillin SELECT clindamycin and vancomycin***
 - clindamycin (CLEOCIN)
 - 900 milligram intravenously every 8 hours
 - vancomycin
 - 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose
- ** IF vancomycin allergic SELECT one linezolid ONLY***
 - linezolid (ZYVOX)
 - 600 milligram intravenously every 12 hours
 - 600 milligram tablet orally every 12 hours

Diabetes Related Foot/ Lower Extremity Infection Anti-Infectives

- Anticipate polymicrobial mixed aerobic and anaerobic infection
- First Line Treatment (No Penicillin Allergy): SELECT***
 - ampicillin-sulbactam (UNASYN)
 - 3 gram intravenously every 6 hours; pharmacy to renal dose

Penicillin Allergy Options:

No Cephalosporin Allergy AND No Anaphylaxis to Penicillin: SELECT

- cefOXitin (MEFOXIN)
 - 2 gram intravenously every 6 hours

Cephalosporin Allergy AND/OR Anaphylaxis to Penicillin: SELECT aztreonam, metronidazole and vancomycin

*****IF vancomycin allergic replace vancomycin with one linezolid***

- aztreonam (AZACTAM)
 - 2000 milligram intravenously every 8 hours; pharmacy to renal dose
- metroNIDAZOLE (FLAGYL)
 - 500 milligram intravenously every 6 hours
- vancomycin
 - 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose
- linezolid (ZYVOX)
 - 600 milligram intravenously every 12 hours
 - 600 milligram tablet orally every 12 hours

Initials _____

(place patient label here)

Patient Name: _____

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page



PROVIDER ORDERS

Laboratory

Admission labs or labs to be obtained now:

- Select the following only if not already done in ED
CULTURE, BLOOD
 - x 2 from 2 different sites 5 minutes apart
 - CULTURE, WOUND AND GRAM STAIN MIC Source: _____

Provider Signature: _____ Date: _____ Time: _____