

(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
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Diagnosis: _____

Allergies with reaction type: _____

**ED Cellulitis/Skin and Skin Structure Infections
/29/18**

Version 3 8/29/18

- This order set is designed for patients that will be admitted.
- **This order set is not intended for patients with Severe Sepsis/ Septic Shock**-for these patients use the ED Sepsis order set

Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard: _____
- Verify that blood and wound cultures have been obtained before starting antibiotics

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids - Maintenance

- Sodium Chloride 0.9% IV
- 125 milligram/hour continuous intravenous infusion

Medications

Antibacterial Agents

Cellulitis/ Skin and Skin Structure Infections

- Benefis Community Onset Cellulitis/ Skin and Skin Structure Infections Empiric Therapy Algorithm (see attached evidence link)
- 95% of episodes of beta-hemolytic streptococci
5% of episodes for Staph aureus, including MRSA, but only if abscess is present

First Line Treatment-No Cephalosporin Allergy AND No Anaphylaxis to Penicillin-SELECT ALL:

- ceFAZolin (ANCEF)
 - 2 gram intravenously once
- clindamycin (CLEOCIN)
 - 900 milligram intravenously once

Cephalosporin Allergy AND/OR Anaphylaxis to Penicillin SELECT vancomycin and clindamycin

- vancomycin
 - 15 milligram/kilogram intravenously once [Max dose = 2 grams]
- clindamycin (CLEOCIN)
 - 900 milligram intravenously once

****IF vancomycin allergic SELECT one linezolid ONLY**

- linezolid (ZYVOX)
 - 600 milligram intravenously once
 - 600 milligram tablet orally once

Diabetes Related Foot/ Lower Extremity Infection

- Benefis Diabetes Related Foot/Lower Extremity Infections Empiric Therapy Algorithm (see attached evidence link)
- Anticipate polymicrobial mixed aerobic and anaerobic infection

First Line Treatment (No Penicillin Allergy): SELECT:

- ampicillin-sulbactam (UNASYN)
 - 3 gram intravenously once ; pharmacy to adjust for renal function

Initials _____

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Penicillin Allergy Options

No Cephalosporin Allergy AND No Anaphylaxis to Penicillin: SELECT

cefOXitin (MEFOXIN)

- 2 gram intravenously once

Cephalosporin Allergy AND/OR Anaphylaxis to Penicillin: SELECT aztreonam and metronidazole and vancomycin **IF vancomycin allergic replace vancomycin with one linezolid

aztreonam (AZACTAM)

- 2000 milligram intravenously once ; pharmacy to adjust for renal function

metroNIDAZOLE (FLAGYL)

- 500 milligram intravenously once

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams]

linezolid (ZYVOX)

- 600 milligram intravenously once
- 600 milligram tablet orally once

Laboratory

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

Provider Signature: _____ Date: _____ Time: _____