

(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: _____

Intra-Abdominal Infection

Version 3 7/24/2019

- 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 intra-abdominal cultures (if ordered) have been obtained before starting antibiotics

Medications

Community Onset Intra-Abdominal Infection Anti-Infectives

- Examples: perforated duodenal ulcer, ascending cholangitis, acute diverticulitis, acute appendicitis

First Line Treatment 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 ALL

metroNIDAZOLE (FLAGYL)

- 500 milligram intravenously every 6 hours

aztreonam (AZACTAM)

- 2 grams intravenously every 8 hours

vancomycin

- 15 milligram/kilogram IV once, then pharmacy to dose

Healthcare-associated Intra-Abdominal Infection Anti-Infectives

- Examples: perforated viscus, ischemic bowel, diverticular abscess

First Line Treatment (No Anaphylaxis to Penicillin): SELECT

piperacillin/tazobactam (ZOSYN)

- 4.5 grams intravenously every 6 hours

Allergy to Penicillin, but NO cephalosporin allergy: SELECT ALL

Cefepime (MAXIPIME)

- 2 grams intravenously every 12 hours

metroNIDAZOLE (FLAGYL)

- 500 milligram intravenously every 6 hours

Anaphylaxis to Penicillin: SELECT ALL

metroNIDAZOLE (FLAGYL)

- 500 milligram intravenously every 6 hours

aztreonam (AZACTAM)

- 2 grams intravenously every 8 hours

vancomycin

- 15 milligram/kilogram IV once, then pharmacy to dose

Laboratory

Admission labs or labs to be obtained now:

- Select the following only if not already done in ED
- *** NOTE: If patient goes to the OR ALWAYS send any intra-abdominal/pelvic pus/purulent secretions for culture and gram stain, aerobic and anaerobic and fungal culture***

CULTURE, BLOOD

- x 2 from 2 different sites 5 minutes apart

Initials _____

(place patient label here)

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PROVIDER ORDERS

Consults

- Physician to physician notification preferred.
- General Surgery consult as indicated (acute abdomen, free intraperitoneal air, etc.)
 - Consult other provider _____ regarding _____
Does nursing need to contact consulted provider? [] Yes [] No

Provider Signature: _____ Date: _____ Time: _____