



Riverbend Medical Center Regional Infusion Center (RIC)
3377 Riverbend Drive Suite 502/510
Springfield, Oregon 97477
Phone 541-222-6280 Fax 541-349-8006

ANTIBIOTIC THERAPY PLAN FOR RIC (v. 05/02/2024)

Patient Name _____ DOB _____ Height _____ Weight _____

Diagnosis/Indication: _____

*Please send culture data with infusion order if not in CareConnect

Medication:

- .. AMIKACIN dosed per pharmacy protocol, IV, over 30 minutes, daily x _____ days
- .. AMIKACIN _____ mg/kg, IV, over 30 minutes [] once daily [] three times weekly x _____ days
- .. CEFTRIAXONE _____ grams in SWFI, IV push over 2 minutes, once daily x _____ days
- .. DALBAVANCIN 1500 mg IV, over 30 minutes, x 1 dose (needs RIC medical director approval)
- .. DAPTOMYCIN _____ mg/ kg = _____ mg in normal saline, IV push over 2 minutes, once daily x _____ days
- .. ERTAPENEM _____ mg in normal saline, IV, over 30 minutes, once daily x _____ days
- .. GENTAMICIN 5 mg/kg IV in 100 mL normal saline, IV, over 60 minutes, x 1 dose (uncomplicated cystitis)
- .. MICA FUNGIN _____ mg in normal saline, IV, over 60 minutes, once daily x _____ days
- .. VANCOMYCIN loading dosed per pharmacy protocol, IV x 1 dose
- .. VANCOMYCIN dosed per pharmacy protocol with goal trough _____, IV, over 60 minutes x _____ days
- .. Sodium chloride 0.9% flush. 3 to 60 mL as needed for flush.
- .. Other: _____

Labs:

- .. Complete blood count with automated differential. Every 7 days while on IV infusion
- .. Comprehensive metabolic panel. Every 7 days while on IV infusion.
- .. Creatinine kinase, total. Every 7 days while on IV daptomycin.
- .. Vancomycin trough. Every 7 days and per pharmacy protocol while on IV vancomycin.
- .. Amikacin level per pharmacy or _____
- .. C-reactive protein. Every 7 days while on IV infusion.
- .. Sedimentation rate, Westergren. Every 7 days while on IV infusion

Nursing communications:

- .. Vital signs: Initial, every 15-30 min and prn
- .. While on DAPTOMYCIN remind patient to hold statin therapy
- .. Notify provider if CPK > 1000 units/ L with unexplained signs and symptoms of myopathy and/or if CPK > 2000 units/ L
- .. At the end of treatment contact MD/ provider to address removal of PICC line

Patient name and DOB _____

Provider printed name: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____



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Access:

- .. **Insert peripheral IV**
 - Every visit, remove after IV administration complete
- .. **Access & Use Central Line/ CVAD**
 - **Initiate Central Line (Non-PICC) Maintenance Protocol**
 - **Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care**
 - **Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded**
- .. **Access & Use PICC**
 - **Initiate PICC Maintenance Protocol**
 - **Normal saline flush 3 mL as needed for PICC/ Hickman line care**
 - **Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded**

Emergency Medications:

- § Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritic).
- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- § MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- § Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- § Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

Patient name and DOB _____

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Provider signature: _____

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