



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the **x** to remove the pre-checked option.

CEFEPIME INFUSION Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.***

Labs

Interval

- | | |
|--|-----------------|
| <input type="radio"/> Complete Blood Count W/ Automated Differential | Frequency _____ |
| <input type="radio"/> Comprehensive Metabolic Panel | Frequency _____ |
| <input type="radio"/> Sedimentation Rate, Westergren | Frequency _____ |
| <input type="radio"/> C-Reactive Protein | Frequency _____ |

Supportive Care

Interval

- | | |
|---|-----------|
| <input type="radio"/> CEFEPIME CADD INFUSION (1GM Q8H) | Route: IV |
| <input type="radio"/> CEFEPIME CADD INFUSION (1GM Q12H) | Route: IV |
| <input type="radio"/> CEFEPIME CADD INFUSION (2GM Q8H) | Route: IV |
| <input type="radio"/> CEFEPIME CADD INFUSION (2GM Q12H) | Route: IV |
| <input type="radio"/> CEFEPIME CADD INFUSION (2GM Q24H) | Route: IV |
| <input type="radio"/> CEFEPIME DAILY IV (NON-CADD) | Route: IV |

- DURATION / END DATE:*** _____

Nursing Orders

Interval

- | | |
|--|-------------|
| <input checked="" type="checkbox"/> Nursing Communication | Every Visit |
| <i>At end of treatment, Contact MD/provider to address removal of PICC line.</i> | |
| <input checked="" type="checkbox"/> Nursing Communication | Every Visit |
| <i>Discontinue therapy plan after treatment complete.</i> | |

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

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EHR5046-DT (12/08/2024)
CEFEPIME INFUSION

Vascular Access (single select)	Interval
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- IV Every Visit
 - Insert peripheral IV
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care

- Central line (non-PICC) Every Visit
 - Access vascular device and confirm patency
 - Initiate Central line (non-PICC) maintenance protocol
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
 - heparin 100 units/mL 5 mL
5 mL for de-access PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

- PICC line Every Visit
 - Access vascular device and confirm patency
 - Initiate PICC maintenance protocol
 - Nursing Communication
Change PICC line dressing weekly and PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications	Interval
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- sodium chloride (NS) flush 10 mL PRN Route: IV
10 mL As Needed for Line Care

- sodium chloride 0.9 % bolus 500 mL PRN Route: IV
500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)

Provider Signature	Date	Time
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Provider's Printed Name: