

# Adult Parenteral Antibiotic Therapy Order

## Patient Information

Surname		First Name	
Delivery Address			
City		Postal Code	Direct Telephone Number
Health Card Number (HCN)	Version Code	Date of Birth (YYYY-Month-DD)	Assigned Sex at Birth Male Female
Gender Identity Male Female Non-Binary Transgender Female Transgender Male Gender Variant/Non-conforming Not disclosed Not Listed			
Alternate Contact Name		Relationship to Patient	Telephone Number

Orders are processed between 8 am– 8pm, 7days/week and require a minimum 4-hour turn around window.  
HCCSS South West uses a Clinic First Approach to service delivery.

## Medical Information

Height	Weight	Drug Allergies (list ALL)	No known drug allergies
--------	--------	---------------------------	-------------------------

### Medication Delivery Access

Intravenous (Vascular Access details must be completed) Intramuscular Intraperitoneal

### Vascular Access Details (required for intravenous infusions)

Vascular access in place Date Inserted (YYYY-Month-DD): \_\_\_\_\_ Needle Gauge/Size: \_\_\_\_\_

Peripheral Line Midline Implanted Port Central Line / Peripherally Inserted Central Catheter (PICC)

Number of lumens: \_\_\_\_\_ Inserted length: \_\_\_\_\_ cm Position confirmed on chest x-ray

Peripheral vascular access to be started in community

### Lab Investigations, if available (Serum creatinine required for drug level monitoring)

Last serum creatinine: \_\_\_\_\_ µmol/L OR eGFR \_\_\_\_\_ Date of sample: \_\_\_\_\_

### Vascular Access Management Instructions

Remove vascular access after treatment completed Continue flush protocol until further instructed

Other: \_\_\_\_\_ Lab Request completed and given to patient

## Flush/Lock Protocol

Use standard flush protocol (see appendix below)

Use other flush protocol (please specify): \_\_\_\_\_

## Dressing Change Instructions

Service provider to follow best practice

Other dressing change instructions: \_\_\_\_\_

## Antibiotic Prescription

### Clinical Indication for Antibiotic Use

Cellulitis Pneumonia Urinary Tract Infection Osteomyelitis Intra-abdominal infection Bloodstream/Septicemia

Other: \_\_\_\_\_

### Antibiotic Selection (one antibiotic/form)

◆ Renal dosing required ● Drug level monitoring required

Ampicillin ◆ Cloxacillin  
CeFAZolin ◆ Penicillin G  
CeftAZidime ◆ Piperacillin / Tazobactam ◆  
CefTRIAxone Vancomycin ●● (central line  
required for treatment > 7 days)

### Protected Antibiotics

This request underwent Infectious Diseases (ID) Specialist review.

If no ID involvement, Community Pharmacist will review within 72 hours.

Ciprofloxacin ◆ Gentamicin ●●  
Meropenem ◆ Tobramycin ●●  
Imipenem ◆ Other: \_\_\_\_\_  
Ertapenem ◆

Surname

First Name

HCN

**Antibiotic Prescription continued**

Dosage	Frequency	Q24H	Q12H	Q8H	Q6H	Q4H	Other: _____
--------	-----------	------	------	-----	-----	-----	--------------

Date of Last Dose in Hospital – (YYYY-Month-DD)	Time of Last Dose in Hospital	am	pm	N/A
---	-------------------------------	----	----	-----

**FIRST DOSE:** If first dose is required in the Community Nursing Clinic, prescriber to fill the South West IV First Dose and Iron Sucrose Screener with this referral: <https://healthcareathome.ca/document/south-west-iv-first-dose-and-iron-sucrose-screener/>

Community Therapy Start Date – (YYYY-Month-DD)	Start Time	Start time can be delayed up to 8 hours	Duration of Community Treatment	End Date – (YYYY-Month-DD)
	am	pm	days doses	

**NOTE:** Delayed start is recommended when start time falls between 8pm and 8am.

Special Instructions

**To consult a Community Pharmacist**

Yurek's Specialties Limited (London, Middlesex, Oxford, Elgin & South Huron) - Phone: 1-519-680-7474, Ext: 5404  
Brown's Pharmacy (Grey Bruce, North Huron/Perth) - Phone: 1-519-881-2420 or 1-844-474-7577

**Referrer Details**

Referrer Name and Designation	CPSO/CNO/RCDSO Registration	OHIP Billing Number
Phone Number	Fax Number	
Office Address		
City	Postal Code	
Referrer Signature	Date Signed (YYYY-Month-DD)	

**Complete and fax to Home & Community Care Support Services South West  
at 1-519-472-4045 or 1-855-223-2847**

Referral form must be completed in full to permit processing. Incomplete orders will be returned

**Appendix****Flush/Lock Protocol**

	Pre- & Post-Infusion	Maintenance Flush (Inactive Line)	Pre- & Post-Intermittent TPN
<b>Peripheral</b>	3-5mL Normal Saline (N/S)	3-5 mL N/S Q24H	
<b>Midline</b>	10mL N/S	10mL N/S Q24H	
<b>Central Line/PICC</b>	10-20mL N/S	10-20mL N/S Q24H	10-20 mL N/S
<b>Implanted Port</b>	10-20mL N/S	10-20mL N/S every 4 weeks (*)	10-20 mL N/S (*)

**NOTE:** Community Nurses will use their clinical judgement to flush central lines with fluid volumes between 10mL - 20mL considering the type/size of catheter, patient profile and type of infusion therapy. All Central Venous Catheter line kits deployed to HCCSS South West patients consist of two 10 mL NS syringes to complete "Push-Pause" technique to the lines' port located closest to the patient.

## Antibiotic Stewardship Community Prescribing Best Practice Guidelines

Consider transitioning to oral antibiotics as soon as able. Do not use this form to order oral medications.

Infection Source	Recommended (IV)	Secondary Antibiotic (IV)	Duration	Oral (PO) Transition
Cellulitis / Bursitis	Cefazolin 1-2g q8h	Ceftriaxone 1-2g q24h	5-7 days	<ul style="list-style-type: none"> <li>Cephalexin * 500mg QID</li> <li>Cefadroxil 500-1000mg BID</li> <li>Amoxicillin-clavulanate * 500mg TID</li> <li>Amoxicillin-clavulanate * 875mg BID</li> <li>Trimethoprim-sulfamethoxazole 1 DS BID (major penicillin allergy or MRSA)</li> <li>Clindamycin 150-300mg QID (major penicillin allergy or MRSA)</li> <li>Doxycycline 100mg BID (major penicillin allergy or MRSA)</li> </ul>
Pneumonia	Ceftriaxone 1-2g q24h		5-7 days	<ul style="list-style-type: none"> <li>Amoxicillin-clavulanate * 500mg TID</li> <li>Amoxicillin-clavulanate * 875mg BID</li> <li>Cefuroxime * 500mg BID</li> <li>Azithromycin 500mg on day 1, then 250mg daily x 4 days (major penicillin allergy)</li> <li>LevoFLOXacin * 500mg daily (major penicillin allergy)</li> <li>Doxycycline 100mg BID (major penicillin allergy)</li> </ul>
Urinary Tract Infection	Ceftriaxone 1-2g q24h		3-5 days (cystitis); 7-14 days (pyelonephritis)	<ul style="list-style-type: none"> <li>Amoxicillin-clavulanate * 500mg TID</li> <li>Amoxicillin-clavulanate * 875mg BID</li> <li>Sulfamethoxazole-trimethoprim 1 DS BID</li> <li>Ciprofloxacin 500mg BID (major penicillin allergy)</li> <li>Nitrofurantoin 100mg BID (cystitis only)</li> <li>Fosfomycin 3g once (cystitis only)</li> </ul>
Osteomyelitis	Cefazolin 2g q8h	<ol style="list-style-type: none"> <li>Cloxacillin 2g q4-6h (staphylococcal osteomyelitis)</li> <li>Vancomycin 1g q12h (major penicillin allergy or MRSA infection)</li> <li>Piperacillin/tazobactam 4.5g q6h (polymicrobial infection or infection in diabetic patient)</li> </ol>	6 weeks	<ul style="list-style-type: none"> <li>Cephalexin 500mg PO QID or 1000mg TID (staphylococcal osteomyelitis)</li> <li>Amoxicillin-clavulanate * 500mg TID (polymicrobial or diabetic foot infection)</li> <li>Amoxicillin-clavulanate * 875mg BID</li> <li>Cefadroxil 500-1000mg BID</li> <li>Doxycycline 100mg BID (major penicillin allergy or MRSA)</li> </ul>
Intra-abdominal Infection	Ceftriaxone 1-2g q24h (in combination with PO metronidazole 500mg BID)	Piperacillin/tazobactam 4.5g q8h	5-14 days (depending on source and severity)	<ul style="list-style-type: none"> <li>Amoxicillin-clavulanate * 500mg TID</li> <li>Ciprofloxacin 500mg BID plus metronidazole 500mg BID (major penicillin allergy)</li> </ul>
Bloodstream Infection / Bacteremia / Septicemia	<p><b>Staphylococcus aureus / Group A or B or C Streptococcus</b></p> <p>Cefazolin 1-2-g q8h</p> <p><b>OR</b></p> <p>Cloxacillin 2g q4-6h</p> <p><b>OR</b></p> <p>Vancomycin 1g q12h (major penicillin allergy or MRSA infection)</p>	<p><b>Streptococcus pneumoniae</b></p> <ol style="list-style-type: none"> <li>Ceftriaxone 1-2g q24h</li> <li>Penicillin G 3-4 million unit q4h</li> </ol> <p><b>E. coli/Klebsiella/Proteus</b></p> <ol style="list-style-type: none"> <li>Cefazolin 1-2g q8h</li> <li>Ceftriaxone 1-2g q24h</li> </ol> <p><b>Pseudomonas</b></p> <ol style="list-style-type: none"> <li>Piperacillin/tazobactam 4.5g q6h</li> <li>Ceftazidime 1-2g q8h</li> <li>Meropenem 1-2g q8h (for drug-resistant strains)</li> </ol>	1-2 weeks (minimum 2 weeks for Staphylococcus aureus bacteremia or other complicated bacteremia)	<p><b>Streptococcus pneumoniae</b></p> <ul style="list-style-type: none"> <li>LevoFLOXacin * 500mg q24h (major penicillin allergy)</li> <li>Amoxicillin-clavulanate * 500mg TID</li> <li>Amoxicillin-clavulanate * 875mg BID</li> </ul> <p><b>E. coli/Klebsiella/Proteus</b></p> <ul style="list-style-type: none"> <li>LevoFLOXacin 500mg q24h (major penicillin allergy)</li> <li>Amoxicillin-clavulanate * 500mg TID</li> </ul>