

Antibiotic Therapy - Aminoglycosides Daily

Aminoglycosides (amikacin, gentamicin, tobramycin) daily for 4 weeks

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 25 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every 1 day		Until discontinued
Until discontinued Starting when released Until Specified			
Intended duration of antibiotic therapy: *** days			
ENSURE INTERVAL IS UPDATED TO REFLECT INTENDED DURATION			
☒ Provider communication	Every 1 day		Until discontinued
Until discontinued Starting when released Until Specified			
In patient's that require prolonged aminoglycoside administration, screen for ototoxicity.			

Trough levels, if ordered, should be collected within 30 minutes or less before start of infusion. Peak levels, if ordered, should be collected between 30 and 60 minutes after completion of infusion.

Labs

☒ CBC and differential	1 time a week	Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine		
☒ Basic metabolic panel	1 time a week	Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine		
☒ C-reactive protein	1 time a week	Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine		
☐ AH OP LAB AMINOGLYCOSIDE LEVELS		
☐ Amikacin Level, Peak	1 time a week	Until discontinued
Status: Once, Expected: S, Blood, Venous, Blood		
☐ Amikacin Level, Trough	1 time a week	Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine		
☐ Gentamicin level, peak	1 time a week	Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine		
☐ Gentamicin level, trough	1 time a week	Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine		
☐ Tobramycin level, peak	1 time a week	Until discontinued

	Interval	Defer Until	Duration
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ Tobramycin level, trough	1 time a week		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
Therapeutic Medications			
☒ AH THERAPEUTIC MEDICATIONS			
AMINOGLYCOSIDES (AMIKACIN / GENTAMICIN / TOBRAMYCIN) (NO DEFAULT DOSE)			
☐ amikacin (Amikin) IV intravenous, Once, Starting when released	Every 1 day		Until discontinued
☐ gentamicin (Garamycin) IV intravenous, Once, Starting when released	Every 1 day		Until discontinued
☐ tobramycin intravenous, Once, Starting when released	Every 1 day		Until discontinued
Emergency Medications			
☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 50 mg 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued

	Interval	Defer Until	Duration
- OR -			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	PRN		Until discontinued
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Every 1 day	Until discontinued
Status: Once, Expected: S, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature	Provider printed name	*Date	Time
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*Provider phone#

*Denotes field that must be completed by healthcare worker