

Antibiotic Therapy - Dalbavancin Once

dalbavancin (DALVANCE) 1500 mg for single dose regimen

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 358 days

Orders

	Interval	Defer Until	Duration
Labs			
☐ CBC and differential	Once		1 treatment
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ Comprehensive metabolic panel	Once		1 treatment
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ C-reactive protein	Once		1 treatment
Status: Once, Expected: S, Lab Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
Therapeutic Medications			
☒ dextrose 5 % infusion	Once		1 treatment
30 mL/hr, intravenous, Continuous, for 1 hour			
Flush line before and after dalbavancin administration with D5W ONLY.			
☒ dalbavancin (Dalvance) IV 1,500 mg	Once		1 treatment
1,500 mg, intravenous, Once, Starting when released			
Flush line pre and post administration with D5W			
Emergency Medications			
☒ Nursing communication	PRN		Until discontinued
STAT, Until discontinued Starting when released Until Specified			
If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.			
☒ Vital Signs	PRN		Until discontinued
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.			
☒ Nursing communication	PRN		Until discontinued
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			
☒ sodium chloride 0.9 % infusion	PRN		Until discontinued

	Interval	Defer Until	Duration
30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day			
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg	PRN		Until discontinued
2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
☒ albuterol HFA 90 mcg/act inhaler 2 puff	PRN		Until discontinued
2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL			
☒ acetaminophen (Tylenol) tablet 650 mg	PRN		Until discontinued
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			
☒ diphenhydrAMINE (BENADryl) injection 25 mg	PRN		Until discontinued
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			
☒ diphenhydrAMINE (BENADryl) injection 50 mg	PRN		Until discontinued
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)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	PRN		Until discontinued
100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - 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	Once	1 treatment
Status: Once, Expected: S, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

*Denotes field that must be completed by healthcare worker