Dartmouth Health

Alice Peck Day Memorial Hospital
Infusion Medicine

MRN:

NAME:

Two identifiers needed
or
Patient Label

DOB:

Antibiotic Infusion Orders

Please fax the completed Therapy Plan, signed by the provider, along with patient demographics, insurance information, patient summary, and last visit note to 603-442-5195.

Patient's Full Name: _____

Birthdate: _____ Phone Number: _____

Address: _____

ICD10 diagnosis related to this treatment: _____

Requested treatment start date: _____

☐ Referral to Alice Peck Day Memorial Hospital (APD) MEDICAL INFUSION

Antifungals

☐ micafungin (Mycamine) 50 mg vial, attach to sodium chloride 0.9% 100 mL Mini-Bag Plus, Intravenous, ONCE, 1 dose, starting at treatment start time; administer over 60 minutes.

☐ micafungin (Mycamine) 100 mg vial, attach to sodium chloride 0.9% 100 mL Mini-Bag Plus, Intravenous, ONCE, 1 dose, starting at treatment start time; administer over 60 minutes.

Carbapenems/Monobactams

☐ ertapenem (INVanz) 1 g vial, attach to sodium chloride 0.9% 100 mL Mini-Bag Plus, Intravenous, ONCE, 1 dose, starting at treatment start time; administer over 30 minutes.

Cephalosporins

☐ CefTRIAXone (Rocephin) 1 g vial, attach to sodium chloride 0.9% 50 mL Mini-Bag Plus, Intravenous, ONCE, 1 dose, starting at treatment start time; administer over 30 minutes.

☐ CefTRIAXone (Rocephin) 2 g vial, attach to sodium chloride 0.9% 50 mL Mini-Bag Plus, Intravenous, ONCE, 1 dose, starting at treatment start time; administer over 30 minutes.

Comments:

_____

_____

_____
Provider Name (printed)

_____
Provider Signature

Order Date: _____ Time Order Signed: _____

Clinic name: _____

Office phone number: _____