



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

- Complete Blood Count W/ Automated Differential Frequency _____
- Comprehensive Metabolic Panel Frequency _____
- Sedimentation Rate, Westergren Frequency _____
- C-Reactive Protein Frequency _____

Supportive Care

Interval

- CEFEPIME CADD INFUSION (1GM Q8H) Route: IV
- CEFEPIME CADD INFUSION (1GM Q12H) Route: IV
- CEFEPIME CADD INFUSION (2GM Q8H) Route: IV
- CEFEPIME CADD INFUSION (2GM Q12H) Route: IV
- CEFEPIME CADD INFUSION (2GM Q24H) Route: IV
- CEFEPIME DAILY IV (NON-CADD) Route: IV

- DURATION / END DATE:** _____

Nursing Orders

Interval

- Nursing Communication Every Visit
At end of treatment, Contact MD/provider to address removal of PICC line.
- Nursing Communication Every Visit
Discontinue therapy plan after treatment complete.

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

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EHR5046-DT (08/29/2024)
CEFEPIME INFUSION

Vascular Access (single select)	Interval
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- | | | |
|-----------------------|--|-------------|
| <input type="radio"/> | IV
- Insert peripheral IV
- sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care</i> | Every Visit |
|-----------------------|--|-------------|
- | | | |
|-----------------------|--|-------------|
| <input type="radio"/> | Central line (non-PICC)
- Access vascular device and confirm patency
- Initiate Central line (non-PICC) maintenance protocol
- sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care prior to medication administration PRN</i>
- sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care post medication administration PRN</i>
- sodium chloride (NS) flush 20 mL
<i>20 mL As Needed for Line Care post lab draw PRN</i>
- sodium chloride (NS) flush 10 mL
<i>10 mL for Line Care at discharge and de-access every visit</i>
- heparin 100 units/mL 5 mL
<i>5 mL for de-access every visit</i>
- alteplase (CATHFLO) injection 2 mg
<i>Other, Starting when released, For 2 dose, 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</i> | Every Visit |
|-----------------------|--|-------------|
- | | | |
|-----------------------|--|-------------|
| <input type="radio"/> | PICC line
- Access vascular device and confirm patency
- Initiate PICC maintenance protocol
- Nursing Communication
<i>Change PICC line dressing weekly and PRN</i>
- sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care prior to medication administration PRN</i>
- sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care post medication administration PRN</i>
- sodium chloride (NS) flush 20 mL
<i>20 mL As Needed for Line Care post lab draw PRN</i>
- alteplase (CATHFLO) injection 2 mg
<i>Other, Starting when released, For 2 dose, 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</i> | Every Visit |
|-----------------------|--|-------------|

PRN Medications	Interval
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- | | | | |
|-----------------------|--|-----|-----------|
| <input type="radio"/> | sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care</i> | PRN | Route: IV |
|-----------------------|--|-----|-----------|
- | | | | |
|-----------------------|--|-----|-----------|
| <input type="radio"/> | sodium chloride 0.9 % bolus 500 mL
<i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i> | PRN | Route: IV |
|-----------------------|--|-----|-----------|

Provider Signature	Date	Time
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Provider's Printed Name: