



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.

CEFTRIAZONE 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

- | | |
|--|-----------------|
| <input type="radio"/> Complete Blood Count W/ Automated Differential | Frequency _____ |
| <input type="radio"/> Comprehensive Metabolic Panel | Frequency _____ |
| <input type="radio"/> C-Reactive Protein | Frequency _____ |
| <input type="radio"/> Sedimentation Rate, Westergren | Frequency _____ |

Supportive Care

Interval

- | | |
|---|-----------|
| <input type="radio"/> CEFTRIAZONE CADD INFUSION (1G Q24H) | Route: IV |
| <input type="radio"/> CEFTRIAZONE CADD INFUSION (2G Q12H) | Route: IV |
| <input type="radio"/> CEFTRIAZONE CADD INFUSION (2G Q24H) | Route: IV |
| <input type="radio"/> CEFTRIAZONE DAILY IV (NON-CADD) | Route: IV |
- DURATION / END DATE:** _____

Nursing Orders

Interval

- | | |
|--|-------------|
| <input checked="" type="checkbox"/> Nursing Communication | Every Visit |
| <i>At the end of treatment, Contact MD/provider to address removal of PICC line.</i> | |
| <input checked="" type="checkbox"/> Nursing Communication | Every Visit |
| <i>Discontinue therapy plan after treatment complete.</i> | |

Vascular Access (single select)

Interval

- | | |
|--------------------------------------|-------------|
| <input type="radio"/> IV | Every Visit |
| - Insert peripheral IV | |
| - sodium chloride (NS) flush 10 mL | |
| <i>10 mL As Needed for Line Care</i> | |

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

Page 1 of 2

EHR5047-DT (08/29/2024)

CEFTRIAZONE INFUSION

- Central line (non-PICC) Every Visit
 - Access vascular device and confirm patency
 - Initiate Central line (non-PICC) maintenance protocol
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
 - heparin 100 units/mL 5 mL
5 mL for de-access every visit
 - alteplase (CATHFLO) injection 2 mg
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

- PICC line Every Visit
 - Access vascular device and confirm patency
 - Initiate PICC maintenance protocol
 - Nursing Communication
Change PICC line dressing weekly and PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - alteplase (CATHFLO) injection 2 mg
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

PRN Medications

Interval

- | | | |
|--|-----|-----------|
| ○ sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care</i> | PRN | Route: IV |
| ○ 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

Provider's Printed Name:

Place Patient Label Here