

ADULT INPATIENT ANTIBIOTIC APPROVAL FORM

for addressograph plate

See reverse for EMPIRIC treatment recommendations (*PRIOR to return of microbiologic data*).

Latest Serum Creatinine:	Allergies:	Is the patient pregnant? <input type="checkbox"/> Yes
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CLINICAL DIAGNOSES (*check all that apply*).

<p>ABDOMINAL INFECTIONS</p> <p><input type="checkbox"/> Biliary tract infection - community-acquired, mild/mod. ill</p> <p><input type="checkbox"/> Biliary tract infection - severely ill and/or nosocomial</p> <p><input type="checkbox"/> Diverticulitis - community-acquired, mild/mod. ill</p> <p><input type="checkbox"/> Diverticulitis - severely ill and/or nosocomial</p> <p><input type="checkbox"/> Peritonitis - mild/mod. ill</p> <p><input type="checkbox"/> Peritonitis - severely ill or immunosuppressed</p> <p><input type="checkbox"/> Spontaneous bacterial peritonitis (SBP), treatment</p> <hr/> <p>CENTRAL NERVOUS SYSTEM INFECTIONS</p> <p><input type="checkbox"/> Meningitis - community-acquired</p> <p><input type="checkbox"/> Meningitis - hospital-acquired/post-operative</p>	<p>URINARY TRACT INFECTIONS- note criteria in guidelines</p> <p><input type="checkbox"/> Acute cystitis - uncomplicated</p> <p><input type="checkbox"/> Acute cystitis - complicated</p> <p><input type="checkbox"/> Acute pyelonephritis - not severely ill</p> <p><input type="checkbox"/> Acute pyelonephritis - severely ill or hospitalized >48</p> <p><input type="checkbox"/> Urinary catheter-associated - not severely ill</p> <p><input type="checkbox"/> Urinary catheter-associated - severely ill or hospitalized >48</p> <hr/> <p>FLUCONAZOLE</p> <p><input type="checkbox"/> HIV positive, esophageal candidiasis</p> <p><input type="checkbox"/> Medical oncology patient, esophageal candidiasis</p> <p><input type="checkbox"/> HIV positive, admitted on daily Fluconazole</p> <p><input type="checkbox"/> Liver/pancreas transplant, admitted on daily Fluconazole</p> <p><input type="checkbox"/> Candida urinary tract infection</p>
<p>SKIN AND SOFT TISSUE INFECTIONS</p> <p><input type="checkbox"/> Cellulitis - mild</p> <p><input type="checkbox"/> Cellulitis - moderate/severe or nosocomial</p> <p><input type="checkbox"/> Diabetic foot infection - mild</p> <p><input type="checkbox"/> Diabetic foot infection - moderate</p> <p><input type="checkbox"/> Diabetic foot infection - severe</p> <p><input type="checkbox"/> Surgical site infection - following clean procedure</p> <p><input type="checkbox"/> Surgical site infection - following contaminated procedure</p> <hr/> <p>PNEUMONIAS</p> <p><input type="checkbox"/> Community-acquired pneumonia – infiltrate required</p> <p><input type="checkbox"/> Healthcare-acquired pneumonia – infiltrate required</p> <p><input type="checkbox"/> Ventilator-associated pneumonia – infiltrate required</p>	<p>VANCOMYCIN</p> <p><input type="checkbox"/> ≥ 2 sets of blood cultures with Gram (+) cocci in clusters</p> <p><input type="checkbox"/> Severe PCN allergy & infection with MSSA or <i>Enterococcus</i> – culture from a sterile site or abscess within prior 72 h</p> <p><input type="checkbox"/> Proven infection with MRSA – culture from a sterile site or abscess within prior 72 h</p> <p><input type="checkbox"/> Proven infection with Ampicillin-resistant <i>Enterococcus</i> – culture from a sterile site or abscess within prior 72 h</p>

WRITE ANTIBIOTIC REGIMEN BELOW – this constitutes an approval record and MUST be accompanied by an order

Antibiotic	Dose	Route	Frequency	Estimated Duration

Date/time

Name of Prescriber (Print legibly)

Signature

Prescriber #

Pager #

RECOMMENDATIONS FOR ADULTS WITH NORMAL RENAL FUNCTION (CrCl ≥ 60 mL/min)

MODIFY THERAPY BASED ON MICROBIOLOGY RESULTS AND RENAL FUNCTION

List empiric antibiotic choices below with dosing and frequency

BILIARY TRACT INFECTIONS

- Community acquired and not severe
 - **PCN Allergy:**
- Hospital acquired or patient severely ill
 - **PCN Allergy:**

DIVERTICULITIS

- Mild to moderate infections
 - **PCN Allergy:**
- Severe infections
 - **PCN Allergy:**

PERITONITIS (Not PD related or SBP)

- Patient mild to moderately ill (perforation of the esophagus, stomach, small bowel, colon or appendix)
 - **PCN Allergy:**
- Patient severely ill or immunosuppressed
 - **PCN Allergy:**

SPONTANEOUS BACTERIAL PERITONITIS, TREATMENT

- **PCN Allergy:**

MENINGITIS (Consult ID if PCN Allergy)

- Community-acquired
 - **PCN Allergy:**
- Hospital-acquired or post neurosurgery
 - **PCN Allergy:**

CELLULITIS

MILD INFECTION

- **PCN Allergy:**

MODERATE – SEVERE OR NOSOCOMIAL INFECTION

- **PCN Allergy:**

DIABETIC FOOT INFECTIONS

MILD INFECTION (purulence, inflammation, cellulitis ≤2 cm around ulcer):

- **PCN Allergy:**

MODERATE INFECTION (above PLUS cellulitis >2 cm or deep infection):

- **PCN Allergy:**

SEVERE INFECTION (above PLUS systemic toxicity):

- **PCN Allergy:**

SURGICAL SITE INFECTIONS

- Infections following clean procedures
 - **PCN Allergy:**
- Infections following contaminated procedures
 - Patient not on broad-spectrum antibiotics at time of surgery and not severely ill
 - **PCN Allergy:**
 - Patient on broad-spectrum antibiotics at time of surgery or severely ill
 - **PCN Allergy:**

COMMUNITY-ACQUIRED PNEUMONIA

Patient NOT in the ICU

- **PCN Allergy**

Patient in the ICU

- **PCN Allergy:**

HEALTHCARE-ACQUIRED PNEUMONIA

- **PCN Allergy:**

VENTILATOR-ASSOCIATED PNEUMONIA

CPIS score >6

- **PCN Allergy:**

ACUTE CYSTITIS

Uncomplicated

- **PCN Allergy:**

Complicated

- **PCN Allergy:**

ACUTE PYELONEPHRITIS

NOT severely ill

- **PCN Allergy**

Severely ill or hospitalized > 48 hrs

- **PCN Allergy:**

URINARY CATHETER-ASSOCIATED

NOT severely ill

- **PCN Allergy**

Severely ill or hospitalized > 48 hrs

- **PCN Allergy:**