



Oregon Health & Science University  
Hospital and Clinics Provider's Orders

PO7071



ADULT AMBULATORY INFUSION ORDER  
**Antibiotic Therapy**  
(Penicillins and Carbapenems)

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

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Patient Identification

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.**

Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm

Allergies: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_ Patient to follow up with provider on date: \_\_\_\_\_

**\*\*This plan will expire after 365 days at which time a new order will need to be placed\*\***

**GUIDELINES FOR ORDERING**

1. Send **FACE SHEET** and **H&P** or most recent chart note.

**LABS:**

- CBC with differential, Routine, ONCE, every \_\_\_\_\_ (visit)(days)(weeks)(months) – Circle One
- CMP, Routine, ONCE, every \_\_\_\_\_ (visit)(days)(weeks)(months) – Circle One
- Labs already drawn. Date: \_\_\_\_\_

**NURSING ORDERS:**

1. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

**MEDICATIONS:**

**Penicillins:**

ampicillin

- 1000 mg in sodium chloride 0.9%, 50 mL, intravenous, ONCE over 15-20 minutes
- 2000 mg in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 15-20 minutes

nafcillin

- 1 gram in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30-60 minutes
- 2 grams in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30-60 minutes
- 12 grams over one day in sodium chloride 0.9%, 100.8 mL, intravenous, ONCE over 24 hours, continuous infusion via CADD (OHSU only)

oxacillin

- 1 gram in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30-60 minutes
- 2 grams in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30-60 minutes
- 12 grams over one day in sodium chloride 0.9%, 100.8 mL, intravenous, ONCE over 24 hours, continuous infusion via CADD (OHSU only)



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penicillin G potassium (PFIZERPEN) **intravenous**

- 1 million units in sodium chloride 0.9%, 100 mL, ONCE over 1-2 hours
- 2 million units in sodium chloride 0.9%, 100 mL, ONCE over 1-2 hours
- 2.5 million units in sodium chloride 0.9%, 100 mL, ONCE over 1-2 hours
- 3 million units in sodium chloride 0.9%, 100 mL, ONCE over 1-2 hours
- 4 million units in sodium chloride 0.9%, 100 mL, ONCE over 1-2 hours
- 5 million units in sodium chloride 0.9%, 100 mL, ONCE over 1-2 hours
- 20 million over 1 day in sodium chloride 0.9%, 100.8 mL, ONCE over 24 hours, **continuous infusion via CADD** (OHSU only)

penicillin G benzathine (BICILLIN L-A) **intramuscular**

- 600,000 units as a single dose
- 1.2 million units as a single dose
- 2.4 million units as a single dose

piperacillin/tazobactam (ZOSYN)

- 2.25 grams in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30 minutes
- 3.375 grams in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30 minutes
- 4.5 grams in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30 minutes
- 10.125 grams over one day in sodium chloride 0.9%, 112.8 mL intravenous, ONCE over 24 hours, continuous infusion via CADD (OHSU only)
- 13.5 grams over one day in sodium chloride 0.9%, 151.2 mL intravenous, ONCE over 24 hours, continuous infusion via CADD (OHSU only)
- 18 grams over one day in sodium chloride 0.9%, 201.6 mL intravenous, ONCE over 24 hours, continuous infusion via CADD (OHSU only)

**Interval: (must check one)**

- ONCE
- Daily x \_\_\_\_\_ doses

**Carbapenems:**

ertapenem (IVANZ)

- 1 gram in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 30 minutes or 100 mg/mL IV push over 5 minutes per infusion facility practice.

meropenem (MERREM)

- 500 mg in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 15-30 minutes
- 1 gram in sodium chloride 0.9%, 100 mL, intravenous, ONCE over 15-30 minutes

**Interval: (must check one)**

- ONCE
- Daily x \_\_\_\_\_ doses

**FOR InfuSystem™ AMBULATORY PUMP USE (OHSU only; hook up at infusion location):**

**Duration:**

- \_\_\_\_\_ days



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**HYPERSENSITIVITY MEDICATIONS:**

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

**By signing below, I represent the following:**

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in:  Oregon  \_\_\_\_\_ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

**My physician license Number is # \_\_\_\_\_ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION);** and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



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Central Intake:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

***Please check the appropriate box for the patient's preferred clinic location:***

**Beaverton**

OHSU Knight Cancer Institute  
15700 SW Greystone Court  
Beaverton, OR 97006

Phone number: 971-262-9000

Fax number: 503-346-8058

**NW Portland**

Legacy Good Samaritan campus  
Medical Office Building 3, Suite 150  
1130 NW 22nd Ave  
Portland, OR 97210

Phone number: 971-262-9600

Fax number: 503-346-8058

**Gresham**

Legacy Mount Hood campus  
Medical Office Building 3, Suite 140  
24988 SE Stark  
Gresham, OR 97030

Phone number: 971-262-9500

Fax number: 503-346-8058

**Tualatin**

Legacy Meridian Park campus  
Medical Office Building 2, Suite 140  
19260 SW 65th Ave  
Tualatin, OR 97062

Phone number: 971-262-9700

Fax number: 503-346-8058

Infusion orders located at: [www.ohsuknight.com/infusionorders](http://www.ohsuknight.com/infusionorders)