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IV Antimicrobials Order Form
Epic Referral: REF135

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

IV antimicrobials will be given IV push to reduce patient appointment time unless the medication cannot be given IV push.

Daptomycin:

Give IV daptomycin daily Dose: _____ mg 6 mg/kg 8 mg/kg End Date: _____

Ceftriaxone:

Give IV ceftriaxone daily Dose: 1 gram 2 grams End Date: _____

Ertapenem:

Give IV ertapenem daily Dose: 1 gram 500 mg End Date: _____

Gentamicin:

Give IV gentamicin daily Dose: _____ mg 5 mg/kg End Date: _____

Micafungin:

Give IV micafungin daily Dose: _____ mg End Date: _____

Labs to be drawn weekly:

CBC w/diff CMP BMP ESR CRP CPK (required for dapto) Other: _____

Other Orders/Comments: _____

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____