

Columbus Community Hospital

Columbus, Nebraska

DOCTORS ORDERS

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

PLEASE SIGN AND DATE EACH ENTRY

PLEASE INDICATE / ALLERGIES

NONE	CODEINE	PENICILLIN	SULFA	ASPIRIN	OTHER	HEIGHT
REACTION						WEIGHT

Authorization is granted to supply medications by non-proprietary name unless checked here

**PHYSICIANS ORDERS
(including Medications)**

Outpatient Antibiotic Therapy Orders

2/2024

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MEDICATIONS:

1. Ceftriaxone _____ GM IV daily
2. Ceftriaxone _____ GM IM daily
3. Ertapenem _____ GM IV daily
4. Ertapenem _____ GM IM daily
5. Levofloxacin _____ MG IV daily
6. Kimyrsa (Oritavancin) 1.2 GM IV x 1
7. Other: _____

8. Indication: _____

9. Duration of therapy _____ days **or** end date: _____

LABS:

10. CBC
- BMP
- Other: _____

11. Frequency of labs: _____

NURSING:

12. Start IV saline lock or access implanted port per facility protocol.
13. Follow facility policy and/or protocol for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing change.
 - a. 0.9% NS 50 mL mainline fluid PRN flush
14. If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider. Administer emergency medications per CCH Infusion Center Hypersensitivity Orders **OR** per the following order: _____

Provider signature: _____ Date/Time: _____

Printed Name: _____ Phone: _____ Fax: _____

