

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)**

**Daptomycin – Outpatient Antibiotic Therapy Orders 2/2024**

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1. Daptomycin \_\_\_\_\_ mg IV daily
2. Indication: \_\_\_\_\_
3. Duration of therapy \_\_\_\_\_ or end date: \_\_\_\_\_

**LABS:**

4. CPK initially, and every week for duration of infusion
5.  CBC  
 BMP  
 Other: \_\_\_\_\_
6. Frequency of labs: \_\_\_\_\_

**NURSING:**

7. Start IV saline lock or access implanted port per facility protocol.
8. 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
9. 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: \_\_\_\_\_

