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| **PRESCRIBER’S ORDERS** (Updated Sept 28, 2021)  Refer to Guideline:  *Prevention, Treatment, & Monitoring of VA Related Infections* ([www.bcrenal.ca/health-professionals/clinical-resources/vascular-access](http://www.bcrenal.ca/health-professionals/clinical-resources/vascular-access)) | |
| DATE  AND TIME | **Confirmed Catheter-Related Bacteremia Treatment Orders:**  ***Coagulase Negative Staphylococcus***  (Items with check boxes must be selected to be ordered) **(Page 1 of 2)**  Patient weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kg  Send a copy of the order to the Vascular Access Office at \_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital (fax #: \_\_\_-\_\_\_\_\_\_\_\_\_\_)  Confirm blood culture and sensitivity reports and treat as follows (significant if coagulase negative staphylococcus > 1 out of 4 bottles positive):  **Systemic antibiotics**  If organism is methicillin-resistant,   * vancomycin loading dose (if not given previously) 25mg/kg \_\_\_\_\_\_\_\_\_\_mg IV post HD, then * vancomycin 500 mg IV post HD if <70 kg post HD **\*\* OR \*\*** * vancomycin 750 mg IV post HD if >70 kg; **AND**   draw vancomycin level pre-dialysis prior to second maintenance dose (target level 15 – 20 mg/L)   * If organism is methicillin-sensitive (MSSA), ceFAZolin 2 g IV post HD   **Duration:** 2 wks (if catheter removed or replaced) 3 wks (if catheter remains *in-situ*)  **See guidelines on reverse**    Printed Name Signature College ID Pager | |

Form No. \_\_\_\_\_\_\_\_ **ALL NEW ORDERS MUST BE FLAGGED**

**Fax completed orders to Pharmacy** **PLACE ORIGINAL IN PATIENT’S CHART**

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| **PRESCRIBER’S ORDERS** (Updated Sept 28, 2021)  Refer to Guideline:  *Prevention, Treatment, & Monitoring of VA Related Infections* ([www.bcrenal.ca/health-professionals/clinical-resources/vascular-access](http://www.bcrenal.ca/health-professionals/clinical-resources/vascular-access)) | |
| DATE  AND TIME | | **Confirmed Catheter-Related Bacteremia Treatment Orders:**  ***Coagulase Negative Staphylococcus***  (Items with check boxes must be selected to be ordered) **(Page 2 of 2)**    **Catheter removal and locking solution**  If catheter remained in-situ, use antibiotic locking solution   * if organism is methicillin-resistant,   vancomycin 2.5 mg/mL + heparin 2,500 units/mL lock solution post-HD x 3 wks  **Nursing Mixing Procedure:**  Prepare 2 syringes each containing 3 mL vancomycin-heparin lock solution for each lumen.  Using a 3mL syringe, draw 0.75 mL heparin 10,000 units/mL (= 7,500 units)  Using the same syringe, draw 0.75 mL sodium chloride 0.9%  Using the same syringe, draw 1.5 mL vancomycin 5 mg/mL (= 7.5 mg) from the VANCOMYCIN LOCK SOLUTION vials prepared by pharmacy and located in refrigerator.  Draw back the plunger to add some air to syringe and rotate to mix solution. Expel the air.  Total volume in syringe = 3 mL  Final concentration = vancomycin 2.5 mg/mL + heparin 2,500 units/mL   * If organism is methicillin-sensitive,   ceFAZolin 5 mg/mL + heparin 2,500 units/mL lock solution post-HD x 3 wks  **Nursing Mixing Procedure:**  Prepare 2 syringes each containing 3 mL ceFAZolin -heparin lock solution for each lumen.  Using a 3mL syringe, draw 0.75 mL heparin 10,000 units/mL (= 7,500 units)  Using the same syringe, draw 0.75 mL sodium chloride 0.9%  Using the same syringe, draw 1.5 mL ceFAZolin 10 mg/mL (= 15 mg) from the ceFAZolin lock solution vials prepared by pharmacy and located in refrigerator.  Draw back the plunger to add some air to syringe and rotate to mix solution. Expel the air.  Total volume in syringe = 3 mL  Final concentration = ceFAZolin 5 mg/mL + heparin 2,500 units/mL  **Administration Procedure:**  Discard excess solution so volume of the medication in each syringe equals the internal volume of catheter.  Instil content of the syringe into each catheter lumen at the end of dialysis.  Leave in-situ until next hemodialysis session.  Prior to start of next treatment, withdraw the solution and replace antibiotic-heparin lock solution at the end of each dialysis session.    Printed Name Signature College ID Pager | |

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| DATE  AND TIME | **Confirmed Catheter-Related Bacteremia Treatment Orders:**  ***Staphylococcus aureus***  (Items with check boxes must be selected to be ordered) **(Page 1 of 1)**  Patient weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kg  Send a copy of the order to the Vascular Access Office at \_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital (fax #: \_\_\_-\_\_\_\_\_\_\_\_\_\_)  Confirm blood culture and sensitivity reports and if Staphylococcus *aureus*, treat as follows:  **Diagnostics**   * Transthoracic echocardiogram (TTE)   (If TTE negative, perform transesophageal echocardiogram to rule out endocarditis)  **Systemic antibiotics**  if organism is methicillin-resistant (MRSA),   * vancomycin loading dose (if not given previously) 25mg/kg \_\_\_\_\_\_\_\_\_\_mg IV post HD, then * vancomycin 500 mg IV post HD if <70 kg **\*\* OR \*\*** * vancomycin 750 mg IV post HD if >70 kg;  **AND**   draw vancomycin level pre-dialysis prior to second maintenance dose (target level 15-20 mg/L)  if organism is methicillin-sensitive (MSSA),   * cloxacillin 2 g IV q4h post HD (if patient admitted to hospital) **\*\* OR \*\*** * ceFAZolin 2 g IV post HD (if out patient)   **Duration:**   * uncomplicated (resolution of fever and bacteremia within 72 hrs and no intravascular hardware): 3 wks * complicated (prolonged fever, bacteremia or septic thrombosis: 4 wks from first negative blood culture * metastatic complication (osteomyelitis, endocarditis: 6 - 8 weeks from first negative blood culture. Consider ID consult   **Catheter removal and Infectious Diseases consult recommended; see guidelines on reverse**    Printed Name Signature College ID Pager | |

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| DATE  AND TIME | **Confirmed Catheter-Related Bacteremia Treatment Orders:**  ***Enterococcus***  (Items with check boxes must be selected to be ordered) **(Page 1 of 2)**  Patient weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kg  Send a copy of the order to the Vascular Access Office at \_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital (fax #: \_\_\_-\_\_\_\_\_\_\_\_\_\_)  Confirm blood culture and sensitivity reports and if enterococcus, treat as follows:  **Diagnostics**   * Transthoracic echocardiogram (TTE)   (If TTE negative, perform transesophageal echocardiogram to rule out endocarditis)  **Systemic antibiotics**  if patient admitted,   * ampicillin 2 g IV q 12 hr (give post HD on dialysis days)   if patient is not admitted,   * vancomycin loading dose (if not given previously) 25mg/kg \_\_\_\_\_\_\_\_\_\_mg IV post HD, then * vancomycin 500 mg IV post HD if <70 kg **\*\* OR \*\*** * vancomycin 750 mg IV post HD if >70 kg; **AND**   draw vancomycin level pre-dialysis prior to second maintenance dose (target level 15-20 mg/L)  (note – if catheter is being locked with vancomycin lock solution, then vancomycin levels cannot be drawn from the CVC but must drawn by peripheral poke.  **Duration**: 2 wks (if catheter removed) 3 wks (if catheter remains *in-situ*) 6 wks (if endocarditis)  **If endocarditis**, may add ceftriaxone 2g IV q12 h x 6 weeks if on ampicillin. If severe beta-lactam allergy, use gentamicin 1 mg/kg IV post HD x 2 wks. Adjust to maintain trough < 2 mg/L. Specific duration depends on risk vs benefits; consider infectious diseases consult)   * ceftriaxone 2g IV q12 h x \_\_\_\_ weeks   **\*\* OR \*\***   * gentamicin 1 mg/kg \_\_\_\_\_\_\_\_\_mg IV post HD x \_\_\_\_\_\_ wks **AND**   draw gentamicin level pre-dialysis prior to third dose (target level < 2 mg/L) **AND**  weekly audiogram testing   * **If VRE positive**, give daptomycin 10 mg/kg IV qHD (3x/wk minimum) or linezolid 600 PO/IV BID. Consult infectious diseases   **See guidelines on reverse**    Printed Name Signature College ID Pager | |

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| DATE  AND TIME | | **Confirmed Catheter-Related Bacteremia Treatment Orders:**  ***Enterococcus***  (Items with check boxes must be selected to be ordered) **(Page 2 of 2)**    **Catheter locking solution**  If catheter remained *in-situ*, use antibiotic locking solution   * vancomycin 2.5 mg/mL + heparin 2,500 units/mL lock solution post-HD x 3 wks   **Nursing Mixing Procedure:**  Prepare 2 syringes each containing 3 mL vancomycin-heparin lock solution for each lumen.  Using a 3mL syringe, draw 0.75 mL heparin 10,000 units/mL (= 7,500 units)  Using the same syringe, draw 0.75 mL sodium chloride 0.9%  Using the same syringe, draw 1.5 mL vancomycin 5 mg/mL (= 7.5 mg) from the VANCOMYCIN LOCK SOLUTION vials prepared by pharmacy and located in refrigerator.  Draw back the plunger to add some air to syringe and rotate to mix solution. Expel the air.  Total volume in syringe = 3 mL  Final concentration = vancomycin 2.5 mg/mL + heparin 2,500 units/mL  **Administration Procedure:**  Discard excess solution so volume of the medication in each syringe equals the internal volume of catheter.  Instil content of the syringe into each catheter lumen at the end of dialysis.  Leave in-situ until next hemodialysis session.  Prior to start of next treatment, withdraw the solution and replace antibiotic-heparin lock solution at the end of each dialysis session.    Printed Name Signature College ID Pager | | |
| Add HA/Hospital Logo | | | Add Label/Addressograph | |
| **PRESCRIBER’S ORDERS** (Updated Sept 28, 2021)  Refer to Guideline:  *Prevention, Treatment, & Monitoring of VA Related Infections* ([www.bcrenal.ca/health-professionals/clinical-resources/vascular-access](http://www.bcrenal.ca/health-professionals/clinical-resources/vascular-access)) | | |
| DATE  AND TIME | | **Confirmed Catheter-Related Bacteremia Treatment Orders:**  ***Gram Negative***  (Items with check boxes must be selected to be ordered) **(Page 1 of 2)**  Patient weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kg  Send a copy of the order to the Vascular Access Office at \_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital (fax #: \_\_\_-\_\_\_\_\_\_\_\_\_\_)  Confirm blood culture and sensitivity reports and if gram negative organism, treat as follows:  **Systemic antibiotics**  Note: Ceftazidime is not recommended as the sole antibiotic for inducible beta-lactamase producing organisms (Serratia, Pseudomonas, Acinetobacter, Morganella, Citrobacter, and Enterobacter) or extended spectrum beta-lactamase (ESBL) producing organisms. If any of these organisms are present, consider admitting to hospital and using appropriate alternate antibiotics. Refer to guidelines.   * ceftAZIDime 2 g IV post HD **\*\* OR \*\***   gentamicin:   * gentamicin 2 mg/kg load (if not previously given) \_\_\_\_\_\_\_\_\_mg IV post HD, then * gentamicin 1.5 mg/kg \_\_\_\_\_\_\_\_mg IV post HD **AND**   draw gentamicin level pre-dialysis prior to second maintenance dose (target level < 3.5 mg/L)  (note – if catheter is being locked with gentamicin lock solution, then gentamicin levels cannot be drawn from the CVC but must drawn by peripheral poke.  **\*\* OR \*\***  ciprofloxacin:  if admitted to hospital,   * ciprofloxacin 500 to 750 mg \_\_\_\_\_\_\_\_\_\_\_ mg po daily (give post HD on dialysis days) **\*\* OR \*\*** * ciprofloxacin 400 mg IV daily (give post HD on dialysis days)   Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Duration:** 2 wks (if catheter removed or replaced) 3 wks (if catheter remains *in-situ*)  **See guidelines on reverse**    Printed Name Signature College ID Pager | | |

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| DATE  AND TIME | **Confirmed Catheter-Related Bacteremia Treatment Orders:**  ***Gram Negative***  (Items with check boxes must be selected to be ordered) **(Page 2 of 2)**  **Catheter locking solution**  If catheter remains *in-situ*, use antibiotic locking solution   * ceftAZIDime 5 mg/mL + heparin 2,500 units/mL lock solution post HD x 3 wks   **Nursing Mixing Procedure:**  Prepare 2 syringes each containing 3 mL ceftAZIDime-heparin lock solution for each lumen.  Using a 3mL syringe, draw 0.75 mL heparin 10,000 units/mL (= 7,500 units)  Using the same syringe, draw 0.75 mL sodium chloride 0.9%  Using the same syringe, draw 1.5 mL ceftAZIDime 10 mg/mL (= 15 mg) from the ceftAZIDime LOCK SOLUTION vials prepared by pharmacy and located in refrigerator.  Draw back the plunger to add some air to syringe and rotate to mix solution. Expel the air.  Total volume in syringe = 3 mL.  Final concentration = ceftAZIDime 5 mg/mL + heparin 2,500 units/mL   * gentamicin 1 mg/mL + heparin 2,500 units/mL lock solution post HD x 3 wks   **Nursing Mixing Procedure:**  Prepare 2 syringes each containing 3 mL gentamicin-heparin lock solution for each lumen  Using a 3mL syringe, draw 0.75 mL heparin 10,000 units/mL (= 7,500 units)  Using the same syringe, draw 0.75 mL sodium chloride 0.9%  Using the same syringe, draw 1.5 mL gentamicin 2 mg/mL (= 3 mg) from the GENTAMICIN LOCK SOLUTION vials prepared by pharmacy and located in refrigerator.  Draw back the plunger to add some air to syringe and rotate to mix solution. Expel the air.  Total volume in syringe = 3 mL  Final concentration = gentamicin 1 mg/mL + heparin 2,500 units/mL  **Administration Procedure:**  Discard excess solution so volume of the medication in each syringe equals the internal volume of catheter.  Instil content of the syringe into each catheter lumen at the end of dialysis.  Leave in-situ until next hemodialysis session.  Prior to start of next treatment, withdraw the solution and replace antibiotic-heparin lock solution at the end of each dialysis session.    Printed Name Signature College ID Pager | |

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| DATE  AND TIME | **Confirmed Catheter-Related Bacteremia Treatment Orders:**  ***Viridans Streptococcus***  (Items with check boxes must be selected to be ordered) **(Page 1 of 1)**  Patient weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kg  Send a copy of the order to the Vascular Access Office at \_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital (fax #: \_\_\_-\_\_\_\_\_\_\_\_\_\_)  Confirm blood culture and sensitivity reports and if viridans Streptococcus, treat as follows:  **Diagnostics**   * Transthoracic echocardiogram (TTE)   (If TTE negative, perform transesophageal echocardiogram to rule out endocarditis)  **Systemic antibiotics**  If patient admitted:   * cefTRIAXone 2 g IV Q24 h (give post HD) **\*\* OR \*\***   If patient is not admitted or allergy to cefTRIAXone:   * vancomycin loading dose (if not given previously) 25mg/kg \_\_\_\_\_\_\_\_\_\_mg IV post HD, then * vancomycin 500 mg IV post HD if <70 kg **\*\* OR \*\*** * vancomycin 750 mg IV post HD if >70 kg; **AND**   draw vancomycin level pre-dialysis prior to 2nd maintenance dose (target level 15-20 mg/L)  **Duration:**  2 wks (catheter removed or replaced) 3 wks (catheter *in-situ*) 4-6 wks (endocarditis)  **Catheter removal recommended; see guidelines on reverse**    Printed Name Signature College ID Pager | |

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**Confirmed Catheter-Related Bacteremia Treatment Orders:**

***Viridans Streptococcus***

(Items with check boxes must be selected to be ordered) **(Page 2 of 2)**

**Catheter locking solution**

If catheter remained *in-situ*, use antibiotic locking solution

* vancomycin 2.5 mg/mL + heparin 2,500 units/mL lock solution post-HD x 3 wks

**Nursing Mixing Procedure:**

Prepare 2 syringes each containing 3 mL vancomycin-heparin lock solution for each lumen.

Using a 3mL syringe, draw 0.75 mL heparin 10,000 units/mL (= 7,500 units)

Using the same syringe, draw 0.75 mL sodium chloride 0.9%

Using the same syringe, draw 1.5 mL vancomycin 5 mg/mL (= 7.5 mg) from the VANCOMYCIN LOCK SOLUTION vials prepared by pharmacy and located in refrigerator.

Draw back the plunger to add some air to syringe and rotate to mix solution. Expel the air.

Total volume in syringe = 3 mL

Final concentration = vancomycin 2.5 mg/mL + heparin 2,500 units/mL

**Administration Procedure:**

Discard excess solution so volume of the medication in each syringe equals the internal volume of catheter.

Instil content of the syringe into each catheter lumen at the end of dialysis.

Leave in-situ until next hemodialysis session.

Prior to start of next treatment, withdraw the solution and replace antibiotic-heparin lock solution at the end of each dialysis session.

**(Back of each Pre-Printed Order Form)**

**Confirmed Catheter-Related Bacteremia Treatment Orders**

Graphical user interface, text, application, table

Description automatically generated