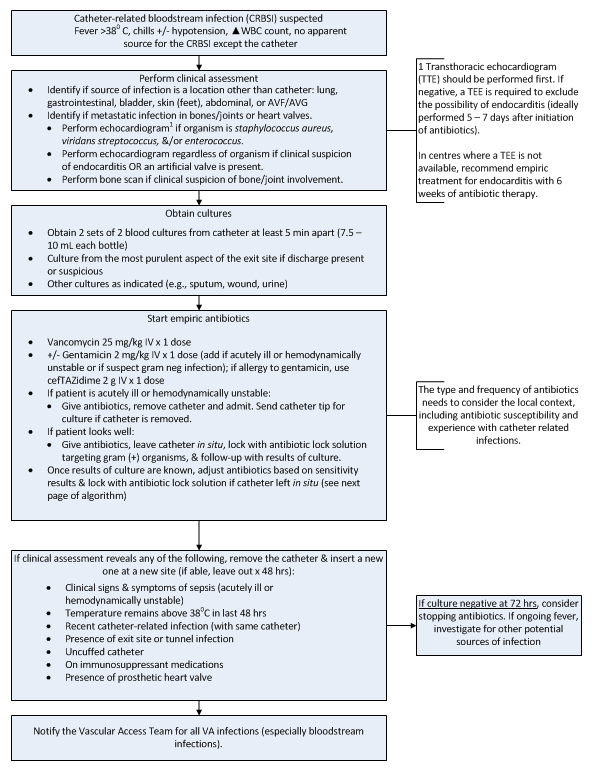
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| --- | --- | --- |
| Add HA/Hospital Logo | | Add Label/Addressograph |
| **PRESCRIBER’S ORDERS** (Updated Sept 28, 2021)  Refer to Guideline:  *Prevention, Treatment, & Monitoring of VA Related Infections* ([www.bcrenal.ca/health-professionals/clinical-resources/vascular-access](http://www.bcrenal.ca/health-professionals/clinical-resources/vascular-access)) | |
| DATE  AND TIME | **Suspected Catheter-Related Bloodstream Infection Treatment Orders** (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 #: \_\_\_-\_\_\_\_\_\_\_\_\_\_\_)  **LABORATORY:**  CBC and differential STAT  two sets of 2 blood cultures from catheter at least 5 minutes apart (7.5-10mL each bottle)  wound culture from most purulent aspect of exit site if discharge present or suspicious looking   * other cultures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **DIAGNOSTICS:**   * transthoracic echocardiogram (TTE) if suspected organism is *staphylococcus aureus*, *viridans streptococcus*, and/or *enterococcus* **\*\* OR \*\*** if clinical suspicion of endocarditis **\*\* OR \*\*** an artificial valve is present * bone scan if clinical suspicion of bone/joint involvement * other diagnostics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **SYSTEMIC ANTIBIOTICS:**   * vancomycin 25mg/kg IV \_\_\_\_\_\_\_\_\_\_\_\_\_mg (round to closest 250 mg) IV x 1 dose   If patient is acutely ill or hemodynamically unstable or if suspect gram negative infection, add   * gentamicin 2 mg/kg IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_mg (round to closest 10 mg) IV x 1 dose **\*\* OR \*\*** * cefTAZidime 2 g IV x 1 dose, if patient cannot tolerate gentamicin   **Catheter removal: 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**

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

**Suspected Catheter-Related Bacteremia Treatment Orders**

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