

POS EIMC 603932 Rev September 2012

PHYSICIAN'S PREPRINTED ORDERS

TITLE: **CELLULITIS – ADMISSION ORDER** 1. Other Diagnosis: ____ 14. □ Wound care 2. EIRMC Hospitalist Program 15. Elevate and wrap site of infection. K-pad to area of infection. ☐ Admit to Inpatient Status ☐ Place in Outpatient Status 16. Treatment: ☐ Place in Outpatient Status & Begin Observation Svcs to Moderate/severe cellulitis +/- drained abscess If CA-MRSA coverage required. ☐ Telemetry □ Vancomycin 15-20 mg/kg IV q 12 hrs 3. Questions: include animal bites/human bites. ☐ Clindamycin 600 mg IV q 8 hrs. Diabetic foot or tissue infection following water exposure. ☐ Daptomycin (Cubicin) 6 mg/kg IV daily 4. Risk Factors for MRSA and conditions in which anti-☐ Linezolid (Zyvox) 600 mg IV BID microbial therapy is recommended. ☐ Ceftaroline (Teflaro) 600 mg IV q 12 hr Lack of response to incision and drainage alone. Prior hospitalization? From a nursing home? If CA-MRSA coverage not required Severe or extensive disease or rapid progression in ☐ Cefazolin 1 gm IV q 8 hrs (pt weighing < 80 kg) presence of associated cellulitis. ☐ Cefazolin 2 gm IV q 8 hrs (pt weighing > 80 kg) Signs and symptoms of systemic illness. ☐ Clindamycin 600 mg IV q 8 hrs (if allergy to cefazolin) Associated comorbidities or immunosuppression (diabetes ☐ Ertapenem (Invanz) 1 gm IV daily mellitus, HIV/AIDS, neoplasm). ☐ Tigecycline (Tygacil) 100 mg IV x 1, then 50 mg IV q 12 hr Extremes of age. DIABETICS Abscess in area difficult to drain completely (e.g., face, ☐ Ampicillin/sulbactam (Unasyn) 3 gm IV q 6 hrs hand, and genitalia). ☐ Piperacillin/tazobactam (Zosyn) 3.375 gm IV q 6 hr Associated septic phlebitis. ☐ Ertapenem (Invanz) 1 gm IV q 24 hrs 5. **Allergies:** □ NKDA □ Other___ 17. Labs Now (if not previously ordered) and in AM: ☐ CBC with diff 6. **Code Status:** □ Full ☐ Do Not Resuscitate \square Procalcitonin ☐ CRP 7. Vital Signs: ☐ Blood Culture X 2 sets **□** Q 2 hrs **□** Q 4 hrs □ Q shift ☐ Gram Stain & Culture of needle aspiration/punch biopsy ☐ Other ☐ Ultrasound R/O DVT ☐ Daily weights 18. Other Medications: 8. **Activity:** □ Up ad Lib □ BRP □ Other ☐ Zofran 4 mg IV or PO q 4 hrs prn severe nausea ☐ PT □ OT ☐ Colace 100 mg PO BID prn with 8 ounces of water ☐ Dulcolax 10 mg PR ___now ___daily ___prn 9. **Diet:** □ Regular Other ☐ Tylenol 650 mg q 4 hrs PO or PR prn mild pain or temp > 101.5 10. Smoking Cessation counseling if indicated. ☐ PCA (see order form) ☐ Morphine _____ mg IV q _____ hr prn severe pain 11. Vaccines: Pneumovax IM and seasonal Flu vaccine. ☐ Fentanyl _____ mcg IV q _____ hr prn severe pain 12. **IV:** □ Saline Lock IV □ Electrolyte Protocol □ IV_____ ______@____hr 13. **DVT Prophylaxis:** ☐ Lovenox ____ mg SubQ every ____ hr ☐ Arixtra ____ mg SubQ every ____ hr ☐ Heparin 5000 units SubQ every 8 hr ☐ SCDs bilaterally Other_ Contraindications ____ Patient Identification Signature