



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the X to remove the pre-checked option.

CEFEPIME INFUSION Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

| Labs | Interval |
|--|-----------------|
| <input type="radio"/> Complete Blood Count W/ Automated Differential | Frequency _____ |
| <input type="radio"/> Comprehensive Metabolic Panel | Frequency _____ |
| <input type="radio"/> Sedimentation Rate, Westergren | Frequency _____ |
| <input type="radio"/> C-Reactive Protein | Frequency _____ |

| Supportive Care | Interval |
|--|-----------|
| <input type="radio"/> CEFEPIME CADD INFUSION (1GM Q8H) | Route: IV |
| <input type="radio"/> CEFEPIME CADD INFUSION (1GM Q12H) | Route: IV |
| <input type="radio"/> CEFEPIME CADD INFUSION (2GM Q8H) | Route: IV |
| <input type="radio"/> CEFEPIME CADD INFUSION (2GM Q12H) | Route: IV |
| <input type="radio"/> CEFEPIME CADD INFUSION (2GM Q24H) | Route: IV |
| <input type="radio"/> CEFEPIME DAILY IV (NON-CADD) DOSE: _____ | Route: IV |

DURATION / END DATE: _____

| Nursing Orders | Interval |
|---|-------------|
| <input checked="" type="checkbox"/> Nursing Communication <i>At end of treatment, Contact MD/provider to address removal of PICC line.</i> | Every Visit |
| <input checked="" type="checkbox"/> Nursing Communication <i>Discontinue therapy plan after treatment complete.</i> | Every Visit |

Provider Signature _____ Date _____ Time _____

Provider's Printed Name: _____

Place Patient Label Here

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CEFEPIME INFUSION

| Vascular Access (single select) | | Interval |
|---|--|-------------|
| <input type="radio"/> IV | <ul style="list-style-type: none"> - Insert peripheral IV - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i> | Every Visit |
| <input type="radio"/> Central line (non-PICC) | <ul style="list-style-type: none"> - Access vascular device and confirm patency - Initiate Central line (non-PICC) maintenance protocol - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care prior to medication administration PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care post medication administration PRN</i> - sodium chloride (NS) flush 20 mL <i>20 mL As Needed for Line Care post lab draw PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL for Line Care at discharge and de-access every visit</i> - heparin 100 units/mL 5 mL <i>5 mL for de-access PRN</i> - alteplase (CATHFLO) injection 2 mg <i>Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i> | Every Visit |
| <input type="radio"/> PICC line | <ul style="list-style-type: none"> - Access vascular device and confirm patency - Initiate PICC maintenance protocol - Nursing Communication <i>Change PICC line dressing weekly and PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care prior to medication administration PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care post medication administration PRN</i> - sodium chloride (NS) flush 20 mL <i>20 mL As Needed for Line Care post lab draw PRN</i> - alteplase (CATHFLO) injection 2 mg <i>Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i> | Every Visit |

| PRN Medications | | Interval |
|--|-----|-----------|
| <input type="radio"/> sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i> | PRN | Route: IV |
| <input type="radio"/> sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i> | PRN | Route: IV |

Provider Signature _____ Date _____ Time _____

Provider's Printed Name: _____

Place Patient Label Here

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