

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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Vascular Access (single select)**Interval**

- ☐ IV Every Visit
- Insert peripheral IV
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care
- ☐ Central line (non-PICC) Every Visit
- Access vascular device and confirm patency
 - Initiate Central line (non-PICC) maintenance protocol
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
 - heparin 100 units/mL 5 mL
5 mL for de-access PRN
 - alteplase (CATHFLO) injection 2 mg
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
- ☐ PICC line Every Visit
- Access vascular device and confirm patency
 - Initiate PICC maintenance protocol
 - Nursing Communication
Change PICC line dressing weekly and PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - alteplase (CATHFLO) injection 2 mg
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

PRN Medications**Interval**

- ☐ sodium chloride (NS) flush 10 mL PRN Route: IV
10 mL As Needed for Line Care
- ☐ sodium chloride 0.9 % bolus 500 mL PRN Route: IV
500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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