

**CEFTRIAXONE 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"/> C-Reactive Protein	Frequency _____
<input type="radio"/> Sedimentation Rate, Westergren	Frequency _____

**Supportive Care****Interval**

- |   |           |
|---|-----------|
| <input type="radio"/> CEFTRIAXONE CADD INFUSION (1G Q24H)         | Route: IV |
| <input type="radio"/> CEFTRIAXONE CADD INFUSION (2G Q12H)         | Route: IV |
| <input type="radio"/> CEFTRIAXONE CADD INFUSION (2G Q24H)         | Route: IV |
| <input type="radio"/> CEFTRIAXONE DAILY IV (NON-CADD) DOSE: _____ | Route: IV |
- ☒ **DURATION / END DATE:** \_\_\_\_\_

**Nursing Orders****Interval**

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

**Vascular Access (single select)****Interval**

- |                                    |             |
|------------------------------------|-------------|
| <input type="radio"/> IV           | Every Visit |
| - Insert peripheral IV             |             |
| - sodium chloride (NS) flush 10 mL |             |
| 10 mL As Needed for Line Care      |             |

\_\_\_\_\_  
Provider Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Time\_\_\_\_\_  
Provider's Printed Name:

Place Patient Label Here

Page 1 of 2

EHR5047-DT (06/25/2025)  
CEFTRIAXONE INFUSION

- 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<br><i>10 mL As Needed for Line Care</i>   | PRN | Route: IV |
| ○ sodium chloride 0.9 % bolus 500 mL<br><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

Page 2 of 2

EHR5047-DT (06/25/2025)

CEFTRIAZONE INFUSION