



Riverbend Medical Center Regional Infusion Center (RIC)
3377 Riverbend Drive Suite 502/510
Springfield, Oregon 97477
Phone 541-222-6280 Fax 541-349-8006

ANTIBIOTIC THERAPY PLAN FOR RIC (v. 05/30/2025)

Patient Name _____ DOB _____ Height _____ Weight _____

Diagnosis/Indication: _____

*Please send culture data with infusion order if not in CareConnect

Medication:

- .. AMIKACIN dosed per pharmacy protocol, IV, over 30 minutes, daily x _____ days
- .. AMIKACIN _____ mg/kg, IV, over 30 minutes [] once daily [] three times weekly x _____ days
- .. CEFTRIAXONE _____ grams in normal saline, IV push over 2 minutes, once daily x _____ days (first dose given IVPB over 30 minutes)
- .. DALBAVANCIN 1500 mg IV, over 30 minutes, x 1 dose (needs RIC medical director approval)
- .. DAPTOMYCIN _____ mg/ kg = _____ mg in normal saline, IV push over 2 minutes, once daily x _____ days (first dose given IVPB over 30 minutes)
- .. ERTAPENEM _____ mg in normal saline, IV, over 30 minutes, once daily x _____ days
- .. TOBRAMYCIN 5 mg/kg IV in 250 mL normal saline, IV, over 30 minutes, x 1 dose (uncomplicated cystitis)
- .. MICAFUNGIN _____ mg in normal saline, IV, over 60 minutes, once daily x _____ days
- .. VANCOMYCIN loading dosed per pharmacy protocol, IV x 1 dose
- .. VANCOMYCIN dosed per pharmacy protocol with goal trough _____, IV, over 60 minutes x _____ days
- .. Sodium chloride 0.9% flush. 3 to 60 mL as needed for flush.
- .. Other: _____

Labs:

- .. Complete blood count with automated differential. Every 7 days while on IV infusion
- .. Comprehensive metabolic panel. Every 7 days while on IV infusion.
- .. Creatinine kinase, total. Every 7 days while on IV daptomycin.
- .. Vancomycin trough. Every 7 days and per pharmacy protocol while on IV vancomycin.
- .. Amikacin level per pharmacy or _____
- .. C-reactive protein. Every 7 days while on IV infusion.
- .. Sedimentation rate, Westergren. Every 7 days while on IV infusion

Nursing communications:

- .. Vital signs: Initial, every 15-30 min and prn
- .. While on DAPTOMYCIN remind patient to hold statin therapy
- .. Notify provider if CPK > 1000 units/ L with unexplained signs and symptoms of myopathy and/or if CPK > 2000 units/ L
- .. At the end of treatment contact MD/ provider to address removal of PICC line

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____



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Access:

- .. Insert peripheral IV
 - Every visit, remove after IV administration complete
- .. Access & Use Central Line/ CVAD
 - Initiate Central Line (Non-PICC) Maintenance Protocol
 - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- .. Access & Use PICC
 - Initiate PICC Maintenance Protocol
 - Normal saline flush 3 mL as needed for PICC/ Hickman line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Emergency Medications:

DiphenhydRAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritic).

§ -- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
§ MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.

§ Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.

§ Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

§ Emergency medications can be given IM if IV route unavailable.

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DOB: _____

Provider signature: _____

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