

SASKATOON HEALTH REGION  
Saskatoon, Saskatchewan

FULL  SOB  DSPH  OTHER \_\_\_\_\_

**PHYSICIAN'S ORDERS**

**ALLERGIES**

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DATE	TIME	ORDERS AND SIGNATURE	PROCESSED				
<b>PEDIATRIC SEVERE SEPSIS / SEPTIC SHOCK MANAGEMENT</b>			TIME	M A R	I C P	R E Q	R N

1. Give first dose of all antibiotics STAT. Consult Infectious Diseases.
2. Complete Form #102873 Pediatric Admission Screening Guide for Antibiotic Resistant Organisms (see reverse for list of methicillin resistant *Staphylococcus aureus* risk factors). If not already ordered and risk factors are present, consider adding vancomycin.
3. Dosage adjustment may be required if creatinine clearance altered.
4. These orders are intended to serve as a guide for choice of empiric therapy. Therapy may require adjustment when gram stain, culture and/or sensitivities are known.

**Patient Weight:** \_\_\_\_\_ kg

<p style="text-align: center;"><b>Pneumonia with Septic Shock<sup>1</sup></b> (Choose ONE option)</p> <p><input type="checkbox"/> Cefotaxime 50 mg/kg/dose _____ mg IV q8h (max 2 g/dose) <b>ONLY if severe beta-lactam allergy<sup>2</sup></b></p> <p><input type="checkbox"/> Ciprofloxacin<sup>3</sup> 15 mg/kg/dose _____ mg IV q12h (max 400 mg/dose)</p>	<p style="text-align: center;"><b>Meningitis in 6 weeks of age or older</b> (Choose ONE option) See reverse for drug selection and dosing in less than 6 weeks of age</p> <p><input type="checkbox"/> Cefotaxime 75 mg/kg/dose _____ mg IV q6h (max 2 g/dose) <u>plus</u> Vancomycin 15 mg/kg/dose _____ mg IV q6h</p> <p><b>ONLY if severe beta-lactam allergy<sup>2</sup></b></p> <p><input type="checkbox"/> Vancomycin 15 mg/kg/dose _____ mg IV q6h and page Infectious Disease physician on call for additional therapy advice</p>
<p style="text-align: center;"><b>Febrile Neutropenia<sup>1</sup></b> (Choose ONE option)</p> <p><input type="checkbox"/> Piperacillin / Tazobactam 100 mg of piperacillin component/kg/dose _____ mg piperacillin component IV q8h (max 4 g piperacillin/dose)</p> <p><input type="checkbox"/> Piperacillin / Tazobactam 100 mg of piperacillin component/kg/dose _____ mg piperacillin component IV q8h (max 4 g piperacillin/dose) <u>plus</u> Tobramycin 2.5 mg/kg/dose _____ mg IV q8h</p> <p><b>ONLY if severe beta-lactam allergy<sup>2</sup></b></p> <p><input type="checkbox"/> Ciprofloxacin<sup>3</sup> 15 mg/kg/dose _____ mg IV q12h (max 400 mg/dose) <u>plus</u> Vancomycin 10 mg/kg/dose _____ mg IV q6h</p>	<p style="text-align: center;"><b>Toxic Shock Syndrome/Necrotizing Fasciitis<sup>1</sup></b> (Choose ONE option)</p> <p><input type="checkbox"/> Cefotaxime 50 mg/kg/dose _____ mg IV q8h (max 2 g/dose) <u>plus</u> Clindamycin 10 mg/kg/dose _____ mg IV q6h (max 600 mg/dose)</p> <p><b>ONLY if severe beta-lactam allergy<sup>2</sup></b></p> <p><input type="checkbox"/> Clindamycin 10 mg/kg/dose _____ mg IV q6h (max 600 mg/dose) <u>plus</u> Vancomycin 10 mg/kg/dose _____ mg IV q6h</p>
<p style="text-align: center;"><b>Intra-abdominal Sepsis<sup>1</sup></b> (Choose ONE option)</p> <p><input type="checkbox"/> Piperacillin / Tazobactam 100 mg of piperacillin component/kg/dose _____ mg piperacillin component IV q8h (max 4 g piperacillin/dose)</p> <p><b>ONLY if severe beta-lactam allergy<sup>2</sup></b></p> <p><input type="checkbox"/> Ciprofloxacin<sup>3</sup> 15 mg/kg/dose _____ mg IV q12h (max 400 mg/dose) <u>plus</u> Metronidazole 10 mg/kg/dose _____ mg IV q8h (max 500 mg/dose)</p>	<p style="text-align: center;"><b>Urosepsis<sup>1</sup></b> (Choose ONE option)</p> <p><input type="checkbox"/> Cefotaxime 50 mg/kg/dose _____ mg IV q8h (max 2 g/dose)</p> <p><b>ONLY if severe beta-lactam allergy<sup>2</sup></b></p> <p><input type="checkbox"/> Ciprofloxacin<sup>3</sup> 15 mg/kg/dose _____ mg IV q12h (max 400 mg/dose) <u>plus</u> Tobramycin 2.5 mg/kg/dose _____ mg IV q8h</p>

<sup>1</sup> Consider adding vancomycin if methicillin resistant *Staphylococcus aureus* (MRSA) risk factors are present (see reverse).  
 Vancomycin 10 mg/kg/dose \_\_\_\_\_ mg IV q6h

<sup>2</sup> Use only if a suspected or confirmed severe beta-lactam allergy is present (e.g. hives and/or anaphylaxis). Treatment needs to be started immediately but the legitimacy of the allergy should be assessed as soon as possible.

<sup>3</sup> The use of ciprofloxacin in children is considered appropriate when treating serious infections potentially caused by susceptible pathogens in the setting of life-threatening allergy to alternative agents.

**Physician's Signature:** \_\_\_\_\_ Faxed by \_\_\_\_\_ (initials) at \_\_\_\_\_ hrs on \_\_\_\_\_ (date)

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**Methicillin Resistant *Staphylococcus aureus* (MRSA) Risk Factors**

Adapted from the Pediatric Admission Screening Guide for Antibiotic Resistant Organisms (Form #102873)  
Risk Factors for MRSA Infection:

- Child or a member of the child's household is a known MRSA carrier
- Hospitalization for longer than 24 hours in the past 6 months
- Child has received hemodialysis, chemotherapy or long-term (greater than 2 weeks) antibiotics within the past 6 months
- Child or a member of the child's household is a known user of street drugs (excluding marijuana-only use), has lived on the street or has been in jail within the past 6 months
- Child lives in Prince Albert or north of Prince Albert

If any of these risk factors are present consider adding vancomycin to the regimen.

**Meningitis in less than 6 weeks of age<sup>1</sup>**

Recommended doses are for weights greater than 2000g. Consult a Pediatrician, Neonatologist, Infectious Diseases physician, pharmacist or pediatric dosing reference for the recommended doses for weights less than or equal to 2000g.

	0-1 week	1-5 weeks
<b>Ampicillin plus Cefotaxime<sup>2</sup></b>	50 mg/kg/dose IV q8h	50 mg/kg/dose IV q6h
	50 mg/kg/dose IV q8h	50mg/kg/dose IV q6h

<sup>1</sup> The drug orders for meningitis in less than 6 weeks must be written on a regular Physician's Orders form.

<sup>2</sup> A history of an anaphylactic or hive reaction to beta-lactams is not anticipated to exist in a young infant. In the event it does, page the Infectious Disease physician on call for therapy advice.

**Pediatric Centralized Intravenous Admixture Dose-Rounding Increments**

This program does not apply to NICU. The following tables apply to children weighing 3 kg or more. For children weighing less than 3 kg the dose is supplied as ordered on a mg/kg basis. **Please order all doses using the approved increments.** Doses ordered outside of the approved increments will be rounded by pharmacy. If the dose ordered is less than the half way point of the increment, the dose will be rounded down. If the dose ordered is at or greater than the halfway point of the increment, the dose will be rounded up.

DRUG	WEIGHT	
	3 to 10 kg	Greater than 10 kg
Cefotaxime	25 mg	less than 1 g: 25 mg increments greater than 1 g: 250 mg increments
Clindamycin	25 mg	less than 600 mg: 25 mg
Metronidazole	25 mg	less than 500 mg: 25 mg
Piperacillin / Tazobactam (Tazocin®) (based on piperacillin component)	100 mg	less than 1 g: 100 mg increments greater than 1 g: 250 mg increments
Tobramycin	2.5 mg	less than 80 mg: 5 mg increments greater than 80 mg & less than 120 mg : 10 mg increments greater than 120 mg: 20 mg increments
Vancomycin	10mg	less than 1 g: 25 mg increments greater than 1 g: 250 mg increments

DRUG	WEIGHT
	Greater than or equal to 3 kg
Ciprofloxacin	less than 200 mg: 25 mg increments greater than 200 mg: 50 mg increments Max: 400 mg