

Antimicrobial Stewardship Tool: Organizing Quick Orders in EHR

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Acknowledgements/Disclosure

Examples in the presentation may be used from Warm Springs Health and Wellness Center or other sites via shared listserv

The contents do not represent the views of the Indian Health Service or the United States Government

Objectives

1. Examine order entry guided decision making as an Antimicrobial Stewardship intervention
2. Utilize tools available in EHR that support antimicrobial stewardship quality improvement
3. Identify important considerations to appropriately create quick orders

Quick Orders

Order menus

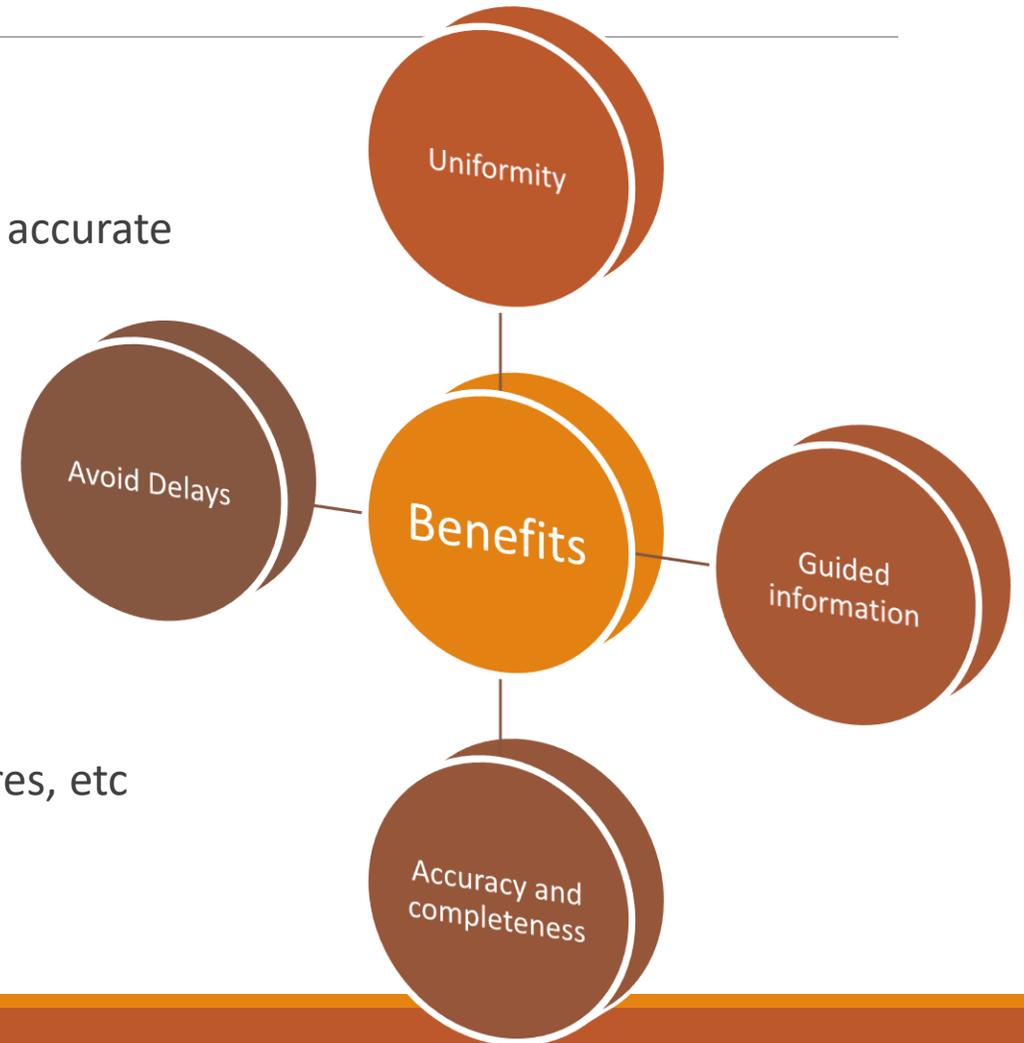
- Organized group of quick orders and/or order sets
- Make provider order entry more convenient, efficient and accurate

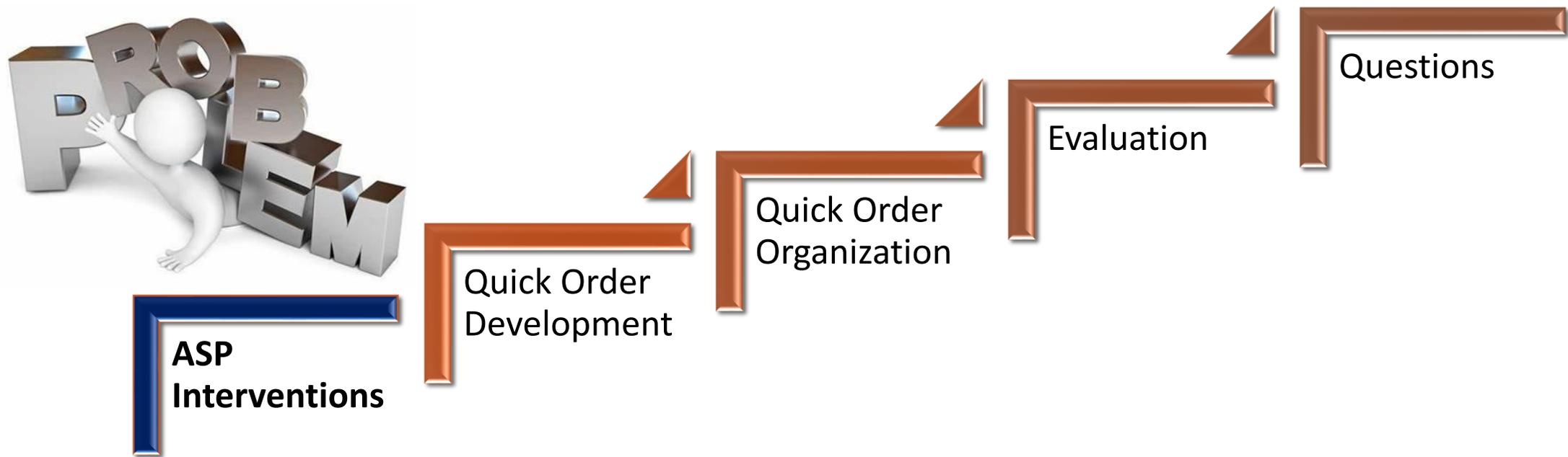
Quick orders

- Electronic orders with preset data elements

Order sets

- Pre-populated list of quick orders
- Can include multiple medications, labs, consults, procedures, etc





1

Blow C, Harris J, Murphy M, et al. Evaluation of a pharmacist-led antibiotic stewardship program and implementation of prescribing order sets. *Journal of the American Pharmacists Association*. 61 (2021) S140eS146

Pharmacist-led antibiotic stewardship program

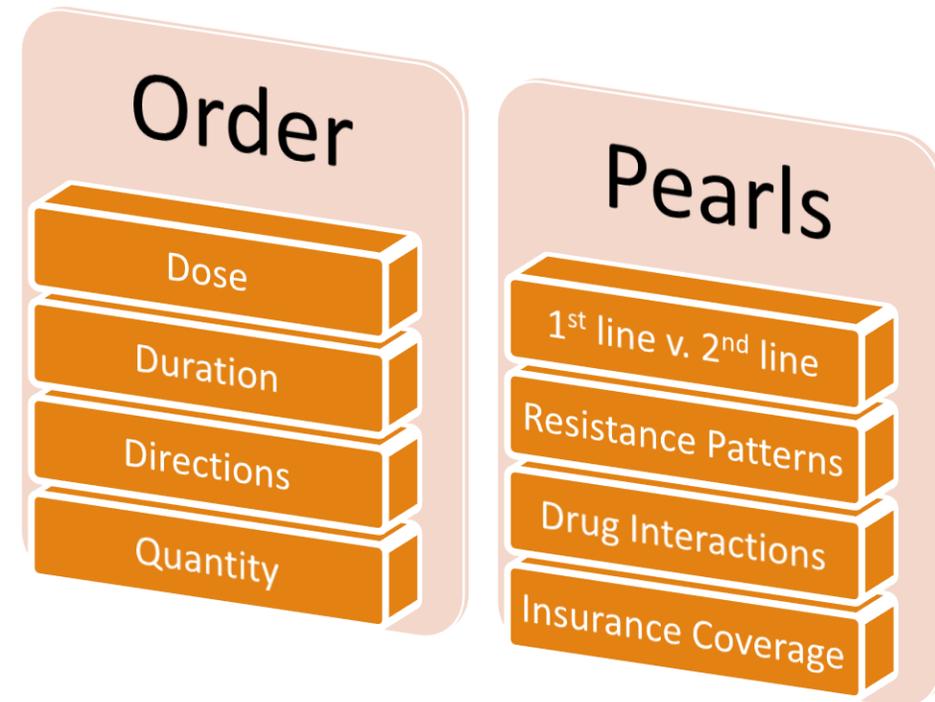
1

H. pylori and UTI prescribing order sets

Ambulatory Adult Medicine Clinic

SmartRx order panels in EPIC

- Prepopulated orders
- Educational information
- Developed by adult medicine
 - attending physician
 - two ID pharmacists



H. pylori prescribing order sets

You selected
H PYLORI SMARTX: Diag-

Details

Treatment of H. Pylori Infection in Adults

- Due to increasing resistance to macrolide-based therapy, first-line therapies are quadruple therapy regimens
- Available quadruple therapies include
 - Concomitant regimen (PPI, clarithromycin, amoxicillin, and metronidazole)
 - Bismuth quadruple regimen (PPI, bismuth, metronidazole, and tetracycline)
 - Preferred in penicillin allergy or previous macrolide exposure
- Doxycycline is an appropriate and preferred substitution for tetracycline due to similar activity and improved insurance coverage
- Due to lower costs and better tolerability, concomitant regimen is preferred when possible over bismuth quadruple regimens
- H pylori antibody positive is NOT diagnostic of active infection – recommend use of urea breath test OR H pylori stool antigen test for diagnosis
 - Patients MUST be off PPI for 2 weeks and antibiotics for 4 weeks prior to urea breath test and stool antigen
- PPI dosing: Any standard PPI dose is appropriate – no specific PPI recommended
- if significant CYP 3A4 drug interactions present consider using pantoprazole as preferred PPI in patients who are also on clopidogrel (Plavix)

References

- [Update Antibiotic Susceptibility Report](#)
- [ACG H Pylori Treatment Guidelines](#)

Alternatives

Alternative	Details
<input type="radio"/> Concomitant Regimen	omeprazole (PRILOSEC) 40 MG capsule, clarithromycin (BIAXIN) 500 ...
<input type="radio"/> Bismuth Quadruple	omeprazole (PRILOSEC) 40 MG capsule, bismuth subsalicylate (PEPT...

Accept Alternative Remove Order

Pharmacist-led antibiotic stewardship program

H. pylori impact

- 43% of H. pylori were initiated via order panel



Complete antibiotic regimen appropriate



Antibiotic selection appropriate

UTI prescribing order sets

You selected:
UTI SMARTRX: Disp-

Details

Treatment of Urinary Tract Infection in Adults

Asymptomatic Bacteriuria: Do **NOT** treat

Urinary Tract Infection:

- The antibiogram and patient's previous culture results should be referenced when selecting antibiotics empirically
- Fluoroquinolones are **NOT** recommended first-line for uncomplicated cystitis due to propensity for adverse effects and increasing resistance
- State Antibiogram susceptibility patterns for the patient and should be considered as alternative agents

References

- [IDSA Uncomplicated Cystitis Guidelines](#)
- [American Urological Association Recurrent Uncomplicated UTI](#)
- [Upstate Antibiotic Susceptibility Report](#)

Alternatives

Alternative	Details
<input type="checkbox"/> First Line Option - nitrofurantoin (MACROBID) capsule 100 mg	Disp-10 capsule, R-0
<input type="checkbox"/> First Line Option - fosfomycin (MONUROL) packet 3 g (NOT COVERE...	Disp-1 packet, R-0
<input type="checkbox"/> Alternative Option - amoxicillin-clavulanate (AUGMENTIN) tablet 500-...	Disp-10 tablet, R-0
<input type="checkbox"/> Alternative Option - cephALEXin (KEFLEX) 500 MG capsule	Disp-20 capsule, R-0
<input type="checkbox"/> Alternative Option - levoFLOXacin (LEVAQUIN) tablet 250 mg	Disp-3 tablet, R-0
<input type="checkbox"/> Alternative Option - ciprofloxacin (CIPRO) tablet 250 mg	Disp-6 tablet, R-0
<input type="checkbox"/> Alternative Option - sulfamethoxazole-trimethoprim (BACTRIM DS, SE...	Disp-6 tablet, R-0
<input type="checkbox"/> Complicated UTI - levofoxacin (LEVAQUIN) 750 MG tablet	Disp-14 tablet, R-0
<input type="checkbox"/> Complicated UTI - ciprofloxacin (CIPRO) 500 MG tablet	Disp-14 tablet, R-0

✓ Accept Alternative ✗ Remove Order

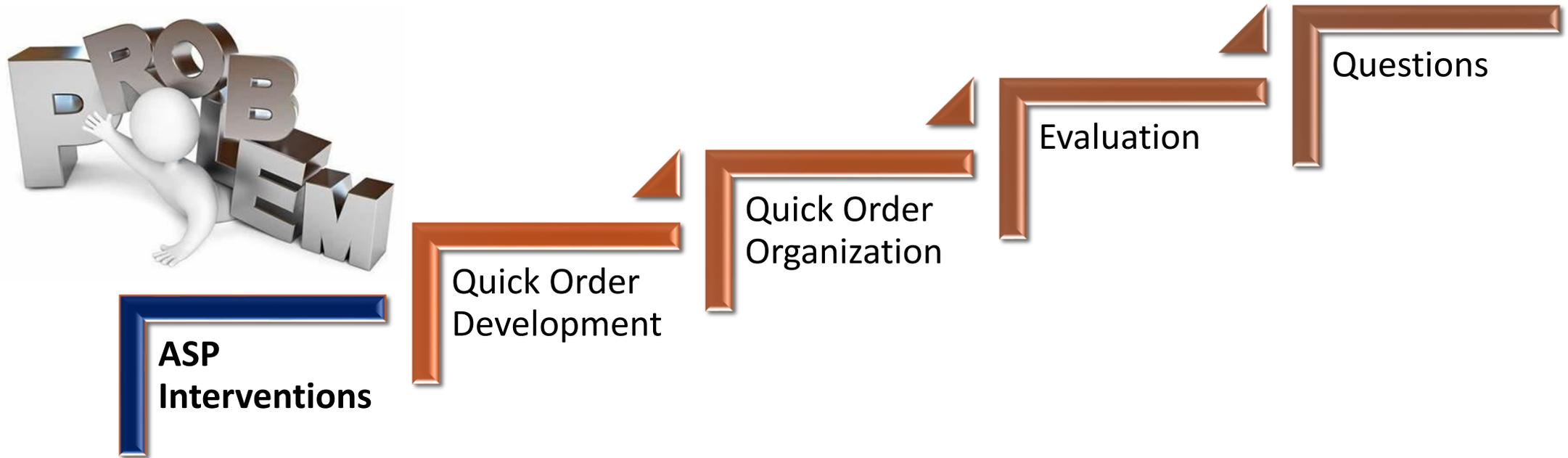
Pharmacist-led antibiotic stewardship program

UTI order sets → Less impactful

- Less complicated order sets
- Low use of SmartRx order panels
 - Alternative ways to prescribe were accessible
- Telemedicine
 - Pandemic = shift in medical practice

Potential

- No inappropriate antibiotic prescribing
- UTI order panels may increase the rates of compliance with guideline-recommended treatment



2

Leo F, Bannehr M, Valenta S, et al. Impact of a computerized physician order entry (CPOE)-based antibiotic stewardship intervention on the treatment duration for pneumonia and COPD exacerbations. *Respiratory Medicine*. 186 (2021) 106546

Impact of a CPOE on treatment duration for pneumonia and COPD exacerbations

Hospital Respiratory Medicine

Prescription tool included

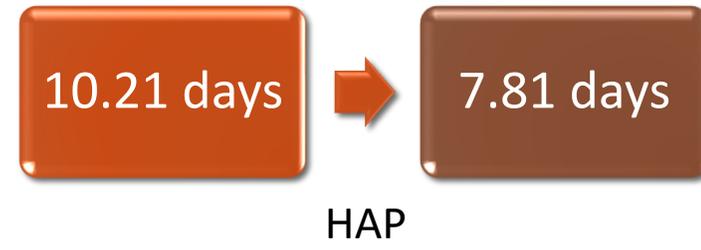
- Preconfigured antibiotics
 - IV antibiotic orders with default dosage, dosing intervals, and carrier solutions
- Soft Stop Order
 - Prompted review at day 3
 - Previous study negative results with hard stop
- Clinical decision support
 - Suggested duration based on diagnosis and severity



Impact of a CPOE on treatment duration for pneumonia and COPD exacerbations

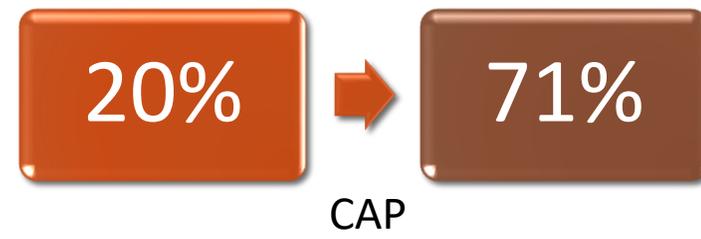
Duration of therapy improved

- All three (CAP, HAP, AECOPD) 9.59 days to 7.25 days



Guideline adherence improved

- Pre-intervention group 64% treated longer than recommended



Impact of a CPOE on treatment duration for pneumonia and COPD exacerbations

Antibiotic consumption data

- Significant changes initially

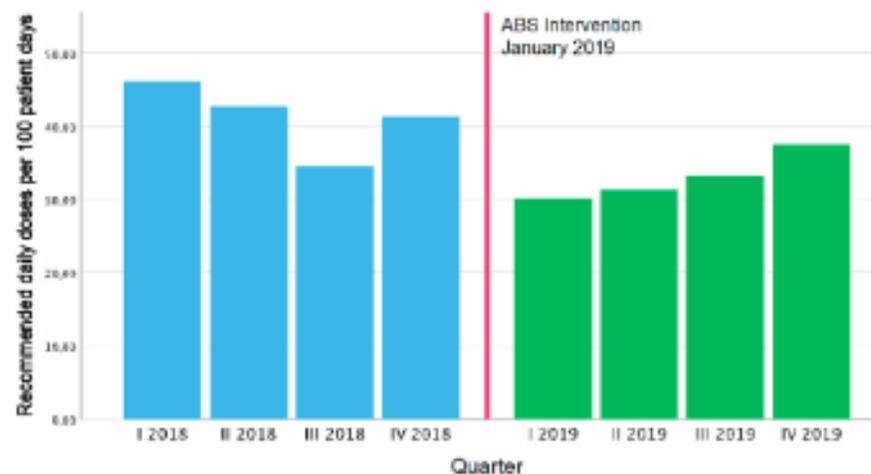
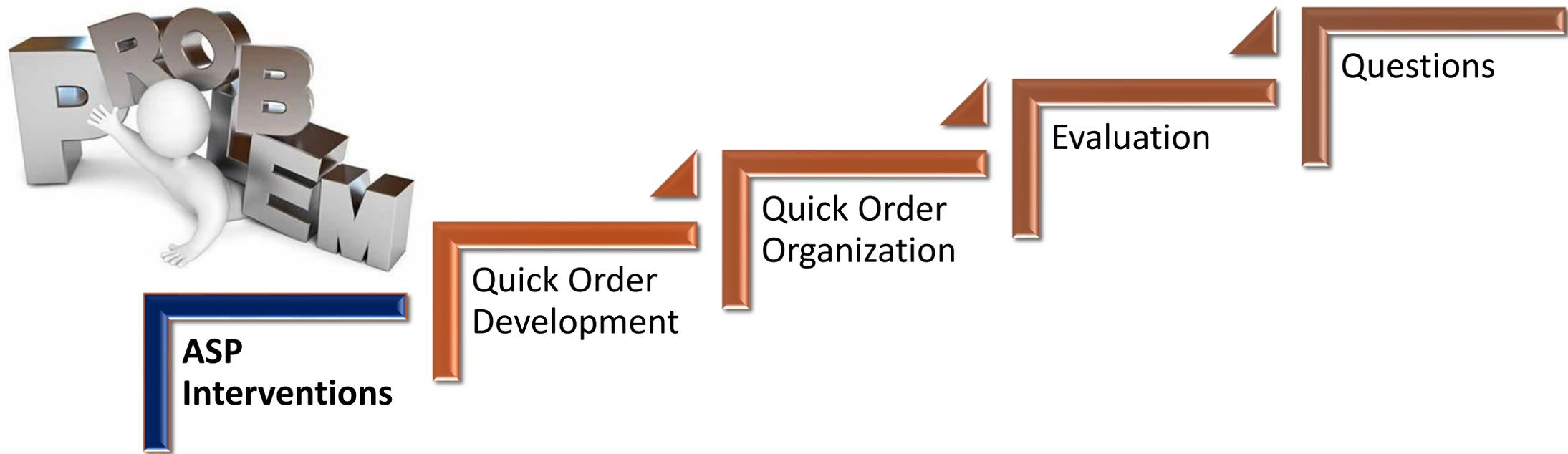


Fig. 2. Antibiotic use density before and after the ABS intervention, measured in Recommended daily doses per 100 patient days (RDD/100 PD).
RDD/100 PD in 2018: Q I: 46.16 Q II: 42.78 Q III: 34.50 Q IV: 41.38
RDD/100 PD in 2019: Q I: 30.09 Q II: 31.29 Q III: 33.26 Q IV: 37.48.



3

Buehrle D, Shively N, Wagener M, et al. Sustained Reductions in Overall and Unnecessary Antibiotic Prescribing at Primary Care Clinics in a Veterans Affairs Healthcare System Following a Multifaceted Stewardship Intervention. *Clinical Infectious Diseases*. 2020;71(8):e316–22

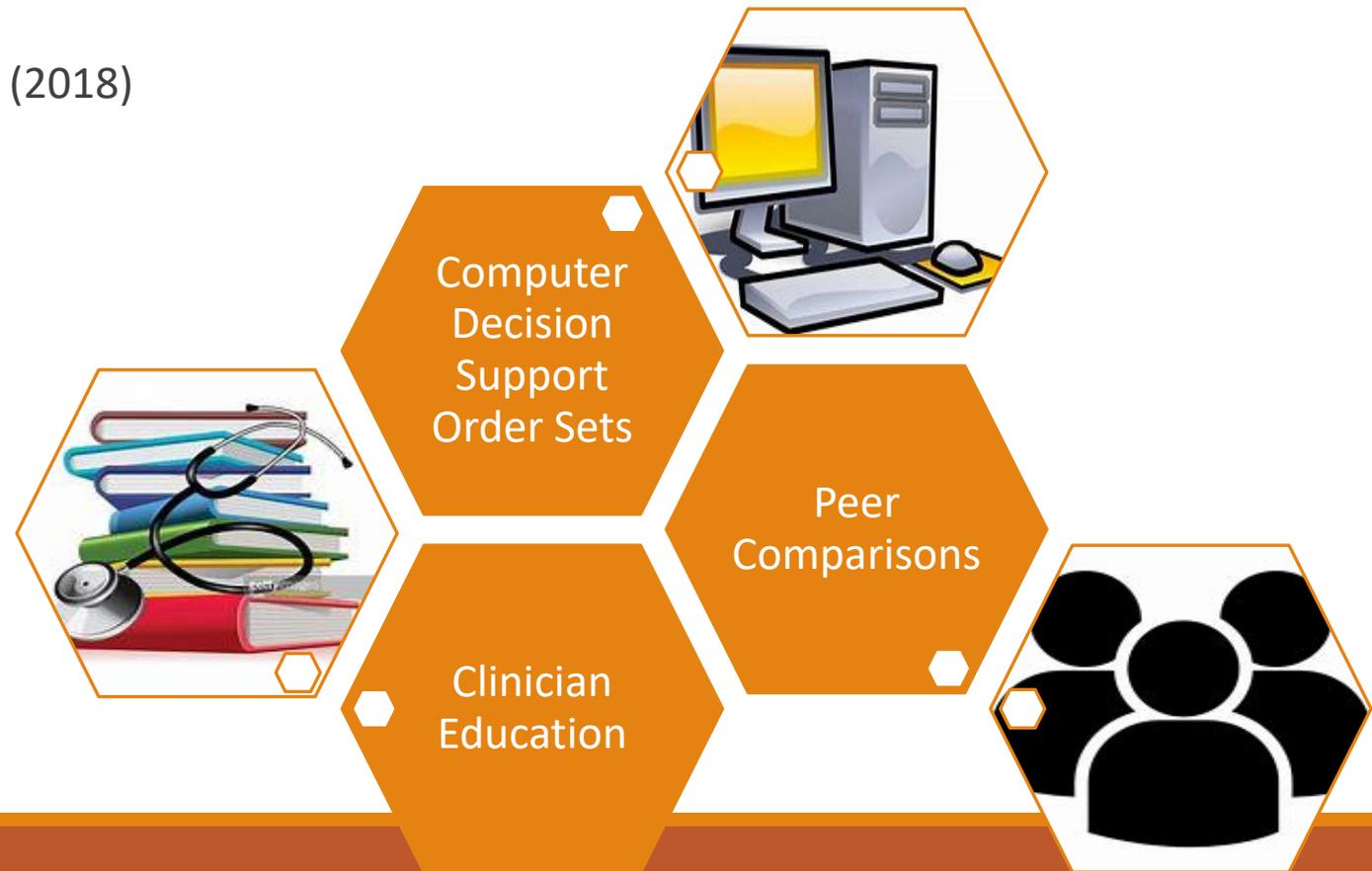
Multifaceted Stewardship Intervention

VA primary care clinics

All antibiotic prescribing

- Pre (2016) → Intervention (2017) → Post (2018)

Multifaceted Stewardship Intervention



Supplemental Figure 3. Clinical Decision Support Order Set



Antimicrobials	
Community Acquired Pneumonia	
PREVIOUSLY HEALTHY	
Preferred:	
1	AZITHROMYCIN 500MG X 1/250MG QDAY X 4
Alternative:	
2	DOXYCYCLINE 100MG Q12HR X 7 DAYS
CHRONIC COMORBIDITIES	
Preferred:	
3	AUGMENTIN/AZITHROMYCIN
Alternative:	
4	MOXIFLOXACIN 400MG QDAY X 7 DAYS
Sinusitis	
Preferred: Symptomatic Relief	
Only if bacterial	
5	AMOXICILLIN 500MG TID
6	AUGMENTIN 500MG TID
7	AMOXICILLIN/CLAVULANATE (AUGMENTIN) 875MG
Penicillin Allergy	
8	DOXYCYCLINE 100MG Q12HR X 7 DAYS
Alternative	
9	LEVOFLOXACIN 500MG PO DAILY X 7
10	MOXIFLOXACIN 400MG QDAY X 7 DAYS
Complicated UTI/Pyelonephritis	
Preferred:	
11	BACTRIM DS PO Q12H X 10 DAYS
Alternative:	
12	CIPROFLOXACIN 500MG PO Q12H X 10DAYS
Uncomplicated UTI	
Preferred: (if CrCl >=equal to 60ml/min for Macrobid)	
13	BACTRIM DS PO Q12HR X 3 DAYS
14	NITROFURANTOIN (MACROBID) 100MG BID
15	FOSFOMYCIN X 1 DOSE
Alternative:	
16	CEFUROXIME 250MG PO BID X 7 DAYS
17	CIPROFLOXACIN 250MG Q12HR X 3 DAYS
Skin and Soft Tissue Infections/Diabetic Foot Infections	
If antibiotics indicated	
PURULENT:	
Preferred:	
18	DOXYCYCLINE 100MG BID X 5 DAYS
19	BACTRIM DS BID X 5 DAY (2 DS TABS MAY BE CONSIDERED)
NON-PURULENT:	
Preferred:	
20	PENICILLIN VK 500MG PO QID X 5 DAYS
21	CEPHELEXIN 500MG QID X 5 DAYS
Alternative:	
22	CLINDAMYCIN 300MG QID X 5 DAYS
23	LINEZOLID 600MG PO BID X 5 DAYS
C Diff Orders (Oral Vancomycin)	
24	C Diff orders (Oral Vancomycin)
25	MRSA/MSSA Decolonization Protocol
Other	
26	ACYCLOVIR 800MG TAB
27	AMOXICILLIN 500MG TID
28	AMOXICILLIN/CLAVULANATE (AUGMENTIN) 875MG
29	AZITHROMYCIN 500MG X 1/250MG QDAY X 4
30	CEPHELEXIN 500MG QID X 5 DAYS
31	CIPROFLOXACIN 500MG PO Q12H X 10DAYS
32	DOXYCYCLINE 100MG Q12HR X 7 DAYS
33	FLUCONAZOLE 100MG
34	METRONIDAZOLE 250MG
35	OSELTAMIVIR (TAMIFLU) 75MG
36	BACTRIM DS PO Q12H X 10 DAYS

Multifaceted Stewardship Intervention

Mean antibiotic prescriptions



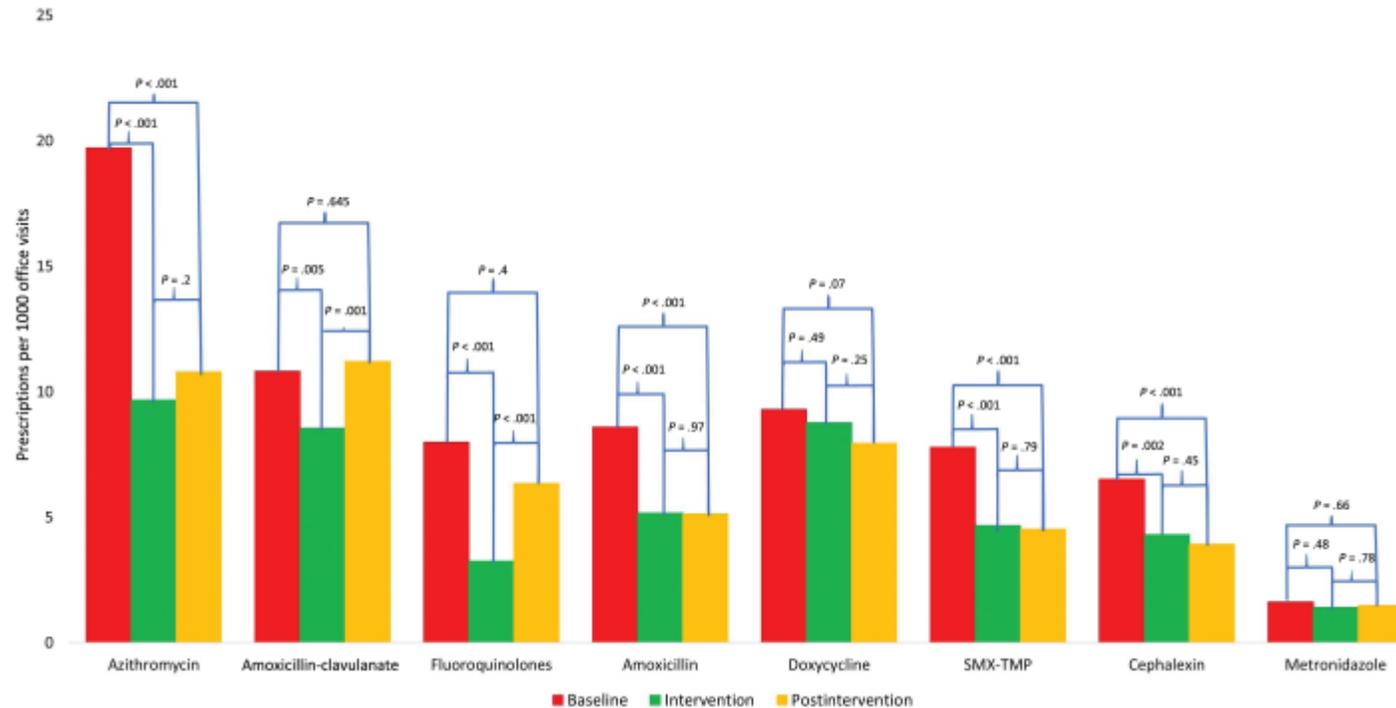
Unnecessary antibiotic prescribing (not indicated)



Optimal prescribing (indicated, duration)



Multifaceted Stewardship Intervention





ASP
Interventions

Quick Order
Development

Quick Order
Organization

Evaluation

Questions

Development



ASP
Interventions

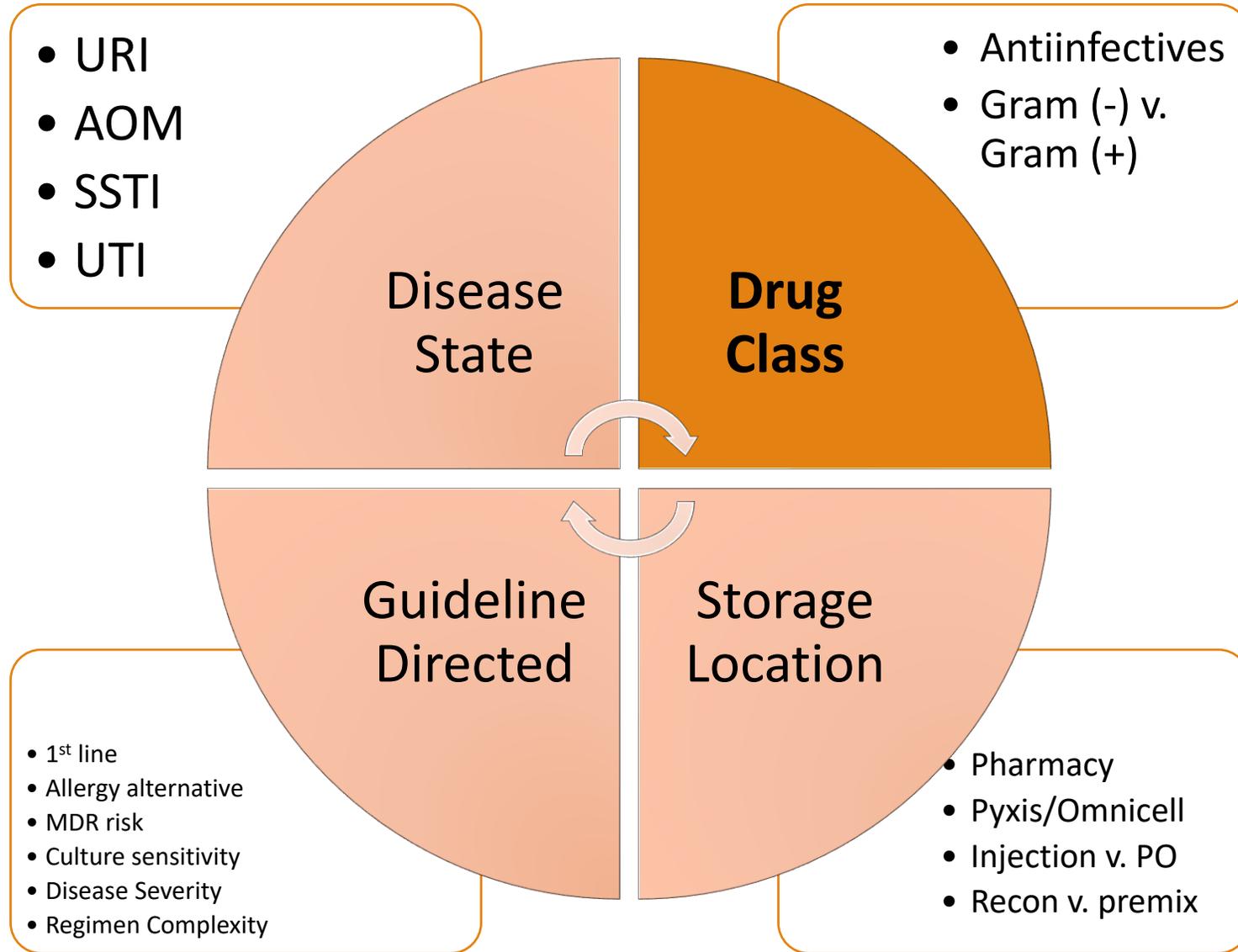
Quick Order
Development

Quick Order
Organization



Evaluation

Questions



Anti Infectives

INFECTIOUS DISEASE MENU

Acute Bronchitis
Clostridium difficile
Community Acquired Pneumonia
Helicobacter Pylori
Headlice/Scabies
Hepatitis C Virus (HCV)
Human Immunodeficiency Virus (HIV)
Influenza
Otitis Externa
Otitis Media
Sexually transmitted diseases and Men/Women's health
Sinusitis
Skin infections (Bites/Cellulitis/DM foot/Impetigo)
Strep Pharyngitis
Tuberculosis
UTI

All Other Infections

All Other Anti Infectives Menu

Done

ANTIBACTERIALS

CEPHALOSPORINS

Cefazolin 1 gram inj.
Cefdinir 300mg bid
Cefdinir 250mg/5ml bid
cefixime 800mg dose
Cephalexin 250mg qid
Cephalexin 250mg/5ml q6h
Cephalexin 500mg qid
cefTRIAxone 250mg inj
cefTRIAxone 500 mg inj
cefTRIAxone 1 gram inj

PENICILLINS

Amoxicillin 400mg/5ml bid
Amoxicillin 250mg TID
Amoxicillin 500mg TID
Augmentin 600mg/42.9mg/5ml bid
Augmentin 500mg/125mg BID (not for sinusitis)
Augmentin 875mg/125mg bid
Bicillin LA 1.2mu/2ml IM
Bicillin LA 0.6mu/ml IM
Dicloxacillin 250mg QID
Penicillin 250mg/5ml q6h
Penicillin 250mg qid
Penicillin 500mg qid

MACROLIDES

Azithromycin 1 gram orally now
Azithromycin 250mg qd
Azithromycin susp 200mg/5ml ud
Erythromycin 200mg/5ml q6h
Erythromycin base 250mg qid
Erythromycin EES 400mg qid
Erythromycin oph oint bid

NITROIMIDAZOLES

metroNIDAZOLE 500mg bid
tiNIDAZOLE 500mg bid

QUINOLONES

Ciprofloxacin 500mg bid
Levofloxacin 250mg dose
Levofloxacin 500mg qd

SULFONAMIDES

Sulfamethoxazole/TMP suspension bid
Sulfamethoxazole/TMP 800mg/160mg bid

TETRACYCLINES

Doxycycline 100mg bid

MISCELLANEOUS

Clindamycin 150mg qid
Nitrofurantoin 100mg bid
Vancomycin PO 125mg qid

TOPICAL ANTIBIOTICS

Bacitracin Ointment bid
Mupirocin Ointment tid

ANTITUBERCULOSIS

Isoniazid 300mg qd
Pyrazinamide 1500mg qd
Rifampin 600mg qd
Rifapentine will be ordered prn
Isoniazid 900mg Twice weekly
Rifampin 600mg Twice weekly
Pyrazinamide 3000mg Twice weekly
Ethambutol 2800mg Twice weekly

ANTHELMINTICS

Albendazole 400mg now.Repeat x1
Ivermectin oral (restricted use)
Ivermectin 0.5% lotion (restricted use)

ANTIFUNGALS

Nystatin cream 100000u/gm qid
Nystatin oral 100000u/ml qid
Clotrimazole cream 1% bid
Clotrimazole vaginal cream 1% hs
Fluconazole 150mg qd (one time)
Fluconazole 100mg qd
Fluconazole 450mg every week (Onychomycosis) RESTRICTED
Griseofulvin susp 125mg/5ml
Terbinafine 1% cream bid
Terbinafine 250mg bid <R>

ANTIPARASITICS

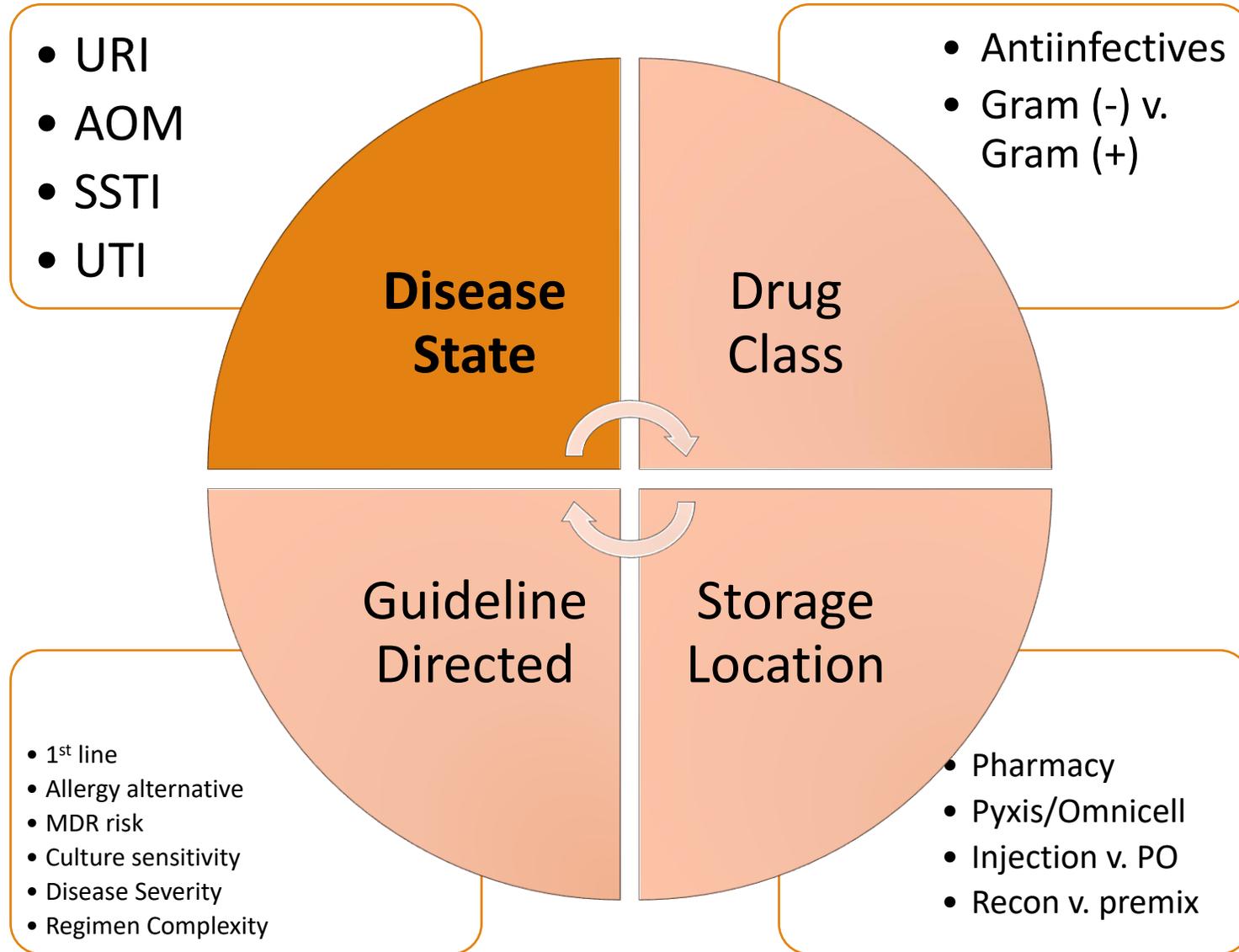
Permethrin 1% Shampoo/Creme rinse ud
Permethrin 5% Cream ud

ANTIVIRALS

Acyclovir 800mg 5xday (Shingles)
Acyclovir 400mg tid (HSV)
Oseltamivir 6mg/ml oral susp bid x 5 days
Oseltamivir (Tamiflu) 75mg bid x 5 days
valacyclovir 1g tid
Zanamivir (Relenza) bid

POSTEXPOSURE HIV PROPHYLAXIS

Emtricitabine/Tenofovir 200mg/300mg daily
Raltegravir 400mg bid





Meds order on MEDS TAB

Anemia and Anticoagulation
Anticonvulsants and Anxiolytic
Antidepressants
Antihistamines
Anti Infectives
Cardiovascular
Contrast for CT Scan
Contraceptive
Dental Medications
Dermatologic
Diabetes
Eye/Ear/Nose/Throat
Gastrointestinal
Genitourinary
Hormone Replacement
Injections

Mens Health
Opioid Withdrawal (DEAX number required)
Osteoporosis
Pain Management
Pediatric
Podiatry
Pregnancy
Psychotherapeutic
Renal Medications
Rheumatology
Respiratory
Substance Abuse
Thyroid
Tobacco Cessation
Vitamins
Womens Health

IN CLINIC MEDS (PYXIS)

Covid Symptom Treatments

All Other Medications *electronically prescribe N/F meds*

Med order on MEDS TAB

- Anemia and Anticoagulation
- Anticonvulsants and Anxiolytic
- Antidepressants
- Antihistamines
- Anti Infectives**
- Cardiovascular
- Contrast for CT Scan
- Contraceptive
- Dental Medications
- Dermatologic
- Diabetes
- Eye/Ear/Nose/Throat
- Gastrointestinal
- Genitourinary
- Hormone Replacement
- Injections

- Mens Health
- Opioid Withdrawal (DEAX number required)
- Osteoporosis
- Pain Management
- Pediatric
- Podiatry
- Pregnancy
- Psychotherapeutic
- Renal Medications
- Rheumatology
- Respiratory
- Substance Abuse
- Thyroid
- Tobacco Cessation

IN CLINIC MEDS (PYXIS)

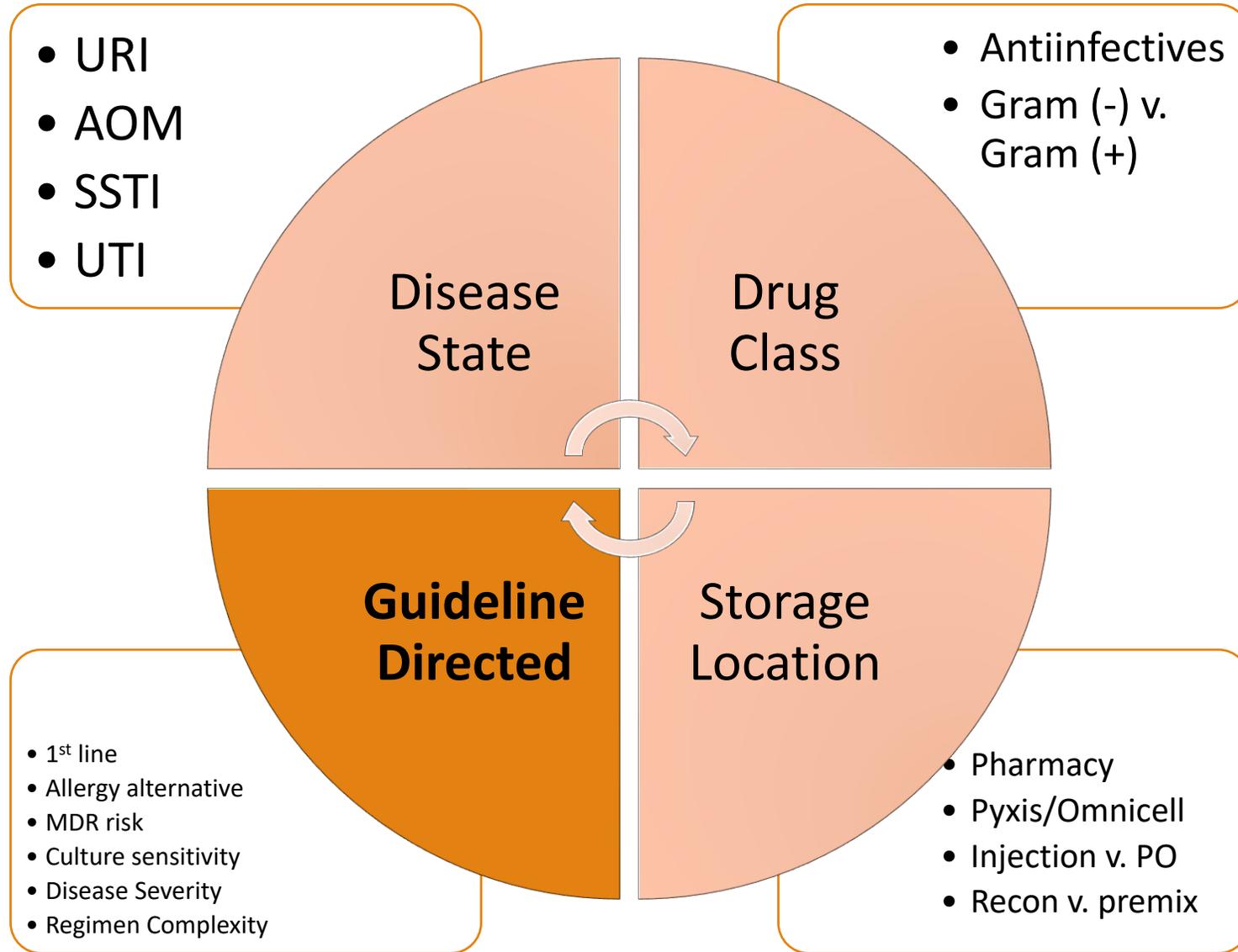
Covid Symptom Treatments

Anti Infectives

INFECTIOUS DISEASE MENU

- Acute Bronchitis
- Clostridium difficile
- Community Acquired Pneumonia
- Helicobacter Pylori
- Headlice/Scabies
- Hepatitis C Virus (HCV)
- Human Immunodeficiency Virus (HIV)
- Influenza
- Otitis Externa
- Otitis Media
- Sexually transmitted diseases and Men/Women's health
- Sinusitis
- Skin infections (Bites/Cellulitis/DM foot/Impetigo)
- Strep Pharyngitis
- Tuberculosis
- UTI

- All Other Infections



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- Tuberculosis
- UTI
- All Other Infections

Otitis Media

Additional Clinical Guidance (CLICK HERE) Date reviewed: Apr 2022

Favorable results in mostly afebrile pts when using >48 hr watchful waiting

Recurrent Otitis Media
 Defined as 3 or more distinct episodes of ADM within 6 months or

Exceptions to watchful waiting
 Pts <6 months old with ADM
 Children 6 months to 2 years with bilateral ADM
 Children >2 with symptoms >48hrs or temp >102.2 or bilateral ADM

ADULT antibiotics
NO abx in the prior 30 days
 Amoxicillin 1000mg TID x 7 to 10 days
 Amoxicillin/Clavulanate 875mg/125mg bid x 7 to 10 days

ABX use w/i 30 days
 Amoxicillin/Clavulanate 875mg/125mg bid x 7 to 10 days
 Cefdinir 300mg bid x 7 to 10 days
 Levofloxacin 750mg qd x 5 days

PEDIATRIC antibiotics
NO abx in the prior 30 days : NO conjunctivitis : NO hx of recurrent ADM
 Amoxicillin 400mg/5ml bid x 5 to 10 days
 Amoxicillin/Clavulanate 600/42.9mg/5ml bid

ABX use w/i 30 days : purulent conjunctivitis : Hx of recurrent ADM
 Amoxicillin/clavulanate 600/42.9mg/5ml bid x 5 to 10 days
 Cefdinir 250mg/5ml Susp x 5 to 10 days
 [<11 kg] CefTRIAXone injection QD x 3 days (calculate 50mg/kg : max 1000 mg)
 [11+ kg] cefTRIAXone injection QD x 3 days (calculate 50mg/kg : max 1000 mg)
 Clindamycin 75mg/5ml tid (lacks efficacy against H. influenzae)

ADJUNCTIVE TREATMENT FOR SYMPTOM RELIEF
 Antihistamines and decongestants are no longer recommended

Adult
 Ibuprofen 400mg TID prn
 Acetaminophen 325 q6h/prn

Interventions:
 Administer vaccines: pneumococcal and influenza
 Avoidance of tobacco exposure
 Encourage breastfeeding for at least 6 months
 Referral to specialist
 Surgery (myringotomy and placement of tympanostomy tubes)
 **Antibiotic prophylaxis no longer recommended

Pediatric
 Ibuprofen 100mg/5ml q68h
 Acetaminophen soln 160mg/5ml q46h prn
 Acetaminophen chewable 80mg q46h

ENT Referral
 ENT referral
 ENT external referral

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Amoxicillin 400mg/

Amoxicillin/Clavula

ABX use w/i 30 days :

Amoxicillin/clavula

Cefdinir 250mg/5m

[<11 kg] CefTRIA

[11+ kg] cefTRIA

Clindamycin 75mg/

Pediatric

Ibuprofen 100mg/5

Acetaminophen so

Acetaminophen ch

ENT Referral

ENT referral

ENT external referr

Reason for Request: AMOXICILLIN CAP,ORAL

START MEDICATION ON OR AFTER | ... IF YOU STILL HAVE SYMPTOMS

* Indicates a Required Field

Preview OK Cancel

START MEDICATION ON OR AFTER ... IF YOU STILL HAVE SYMPT

* Indicates a Required Field

Preview

Medication Order

AMOXICILLIN CAP,ORAL

Change

Pt Wt on 09/16/2022 195 lb (88.45 kg)
Pt Ht on 11/03/2020 58 in (147.32 cm)

Dosage	Route	Schedule
1000MG	ORAL	TID <input type="checkbox"/> PRN
250MG 0.0207	ORAL	QHS
500MG 0.0124		QID
1000MG 0.0248		QNOON
		QOD
		QPM
		QWEEK
		Qnoon
		SUPPER
		TAW
		TID

Patient Instructions: UNTIL ALL TAKEN FOR INFECTION

Days Supply	Quantity	Refills	Clinical Indication	<input type="checkbox"/> Chronic Med
10	60	0		<input type="checkbox"/> Dispense as Written
Pick Up				Priority
<input type="radio"/> Clinic <input type="radio"/> Mail <input checked="" type="radio"/> Window <input type="radio"/> Outside Pharmacy - eRx <input type="radio"/> Outside Pharmacy - Print				ROUTINE
				<input type="checkbox"/> Discharge Medication

Notes to Pharmacist:
START MEDICATION ON OR AFTER 28-Oct-2022 IF YOU STILL HAVE SYMPTOMS

AMOXICILLIN CAP,ORAL 500MG
TAKE TWD (2) CAPSULES BY MOUTH THREE TIMES A DAY UNTIL ALL TAKEN FOR INFECTION

Quantity: 60 Days: 10 Refills: 0 *Chronic Med: NO Dispense as Written: NO
Notes to Pharmacist: START MEDICATION ON OR AFTER 28-Oct-2022 IF YOU STILL HAVE SYMPTOMS

ADR's

Accept Order

Quit

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 Amoxicillin/clavulanate 250mg/125mg bid x 7 to 10 days
 Cefdinir 250mg bid x 7 to 10 days
 [<11 kg] CefT
 [11+ kg] cefT
 Clindamycin 750mg bid x 7 to 10 days

Pediatric
 Ibuprofen 100mg q6h prn
 Acetaminophen 100mg q6h prn
 Acetaminophen 100mg q6h prn

ENT Referral
 ENT referral
 ENT external

Reason for Request: AMOXICILLIN 400MG/5ML PWDR,RENST-ORAL

- START MEDICATION ON OR AFTER [] IF YOU STILL HAVE SYMPTOMS -

DURATION OF THERAPY FOR OTITIS MEDIA: <2 yo = 10 days, 2-5 yo = 7 days, 6+ = 5-7 days

Most recent weight: 119.05 lb [54.05 kg] (Sep 21, 2022@14:58:01)

* Indicates a Required Field Preview OK Cancel

Pick Up: WINDOW//
 Pharmacy://
 Earliest Fill Date:
 Priority: ROUTINE//
 Notes to Pharmacist:
 - START MEDICATION ON OR AFTER {FLD:DATE} IF YOU STILL HAVE SYMPTOMS -

DURATION OF THERAPY FOR OTITIS MEDIA: <2 yo = 10 days, 2-5 yo = 7 days, 6+ = 5-7 days

Most recent weight: |LAST WEIGHT - DETAILED|
 Edit? No//

AMOXICILLIN 400MG/5ML P/WR,RENST-ORAL

Change

Display Restrictions / Guidelines

Pt Wt on 09/21/2022 119.05 lb (54 kg)
Pt Ht on 05/26/2006 46 in (116.84 cm)

Additional Clinical Guidance

Favorable results in mostly afebrile patients

Recurrent Otitis Media

Defined as 3 or more distinct episodes

Exceptions to watchful waiting

- Pts <6 months old with AOM
- Children 6 months to 2 years with bilateral AOM
- Children >2 with symptoms >48hrs or

ADULT antibiotics

NO abx in the prior 30 days

- Amoxicillin 1000mg TID x 7 to 10 days
- Amoxicillin/Clavulanate 875mg/125mg BID x 7 to 10 days

ABX use w/i 30 days

- Amoxicillin/Clavulanate 875mg/125mg BID x 7 to 10 days
- Cefdinir 300mg bid x 7 to 10 days
- Levofloxacin 750mg qd x 5 days

ADJUNCTIVE TREATMENT FOR SYMPTOMS

Antihistamines and decongestants as needed

Adult

- Ibuprofen 400mg TID prn
- Acetaminophen 325 q6h/prn

Interventions:

- Administer vaccines: pneumococcal
- Avoidance of tobacco exposure
- Encourage breastfeeding for at least 6 months
- Referral to specialist
- Surgery (myringotomy and placement of tympanostomy tubes)
- **Antibiotic prophylaxis no longer recommended

Dosage	Route	Schedule
5ML OF 400MG/5ML	ORAL	BID <input type="checkbox"/> PRN
15 ML OF 400MG/5ML	ORAL	1/2 HOUR BEFORE
1ML OF 400MG/5ML		1HR BEFORE
1.5ML OF 400MG/5ML		30 MIN AC
2ML OF 400MG/5ML		30 MINBEFORE DENT
2.5ML OF 400MG/5ML		5X/DAY
3ML OF 400MG/5ML		AC
4ML OF 400MG/5ML		AC & HS
5ML OF 400MG/5ML		AC&HS
6ML OF 400MG/5ML		AS DIRECTED
7ML OF 400MG/5ML		BID

Patient Instructions: - SHAKE WELL - DISCARD REMAINING.

>> Quantity Dispensed: 75 ML BOTTLES <<

Days Supply: 0 Quantity: 75 Refills: 0 Clinical Indication: Chronic Med Dispense as Written

Pick Up: Clinic Mail Window Outside Pharmacy - eRx Outside Pharmacy - Print

Priority: ROUTINE Discharge Medication

Notes to Pharmacist: - START MEDICATION ON OR AFTER IF YOU STILL HAVE SYMPTOMS -

AMOXICILLIN 400MG/5ML P/WR,RENST-ORAL 400MG/5ML
TAKE 5ML BY MOUTH TWICE A DAY - SHAKE WELL - DISCARD REMAINING.
Quantity: 75 Days: 0 Refills: 0 *Chronic Med: NO Dispense as Written: NO
Notes to Pharmacist: - START MEDICATION ON OR AFTER IF YOU STILL HAVE SYMPTOMS -

DURATION OF THERAPY FOR OTITIS MEDIA: <2 yo = 10 days, 2-5 yo = 7 days, 6+ = 5-7 days

Most recent weight: 119.05 lb [54.05 kg] (Sep 21, 2022@14:58:01)

ADR's
Accept Order
Quit

Restrictions/Guidelines [1 bottle = 75 ML]

-----AMOXICILLIN 400MG/5ML BID DOSING TABLE-----

OTITIS MEDIA AND PNEUMONIA: 80-90MG/KG/DAY DIVIDED BID
SEVERE PHARYNGITIS/CELLULITIS: 45MG/KG/DAY DIVIDED BID (MAX 500MG/DOSE)
MILD PHARYNGITIS/CELLULITIS OR CYSTITIS: 25MG/KG/DAY DIVIDED BID (MAX 500MG/DOSE)

-----OTITIS MEDIA AND PNEUMONIA-----

WT IN KG	80-90MG/KG/DAY	
	BID DOSE IN MG	BID DOSE IN ML
UP TO 2KG	80 MG	1 ML
3 KG	120 MG	1.5 ML
4 KG	160 MG	2 ML
5 KG	200 MG	2.5 ML
6 KG	240 MG	3 ML
7 TO 8 KG	320 MG	4 ML
9 TO 10KG	400 MG	5 ML
11 TO 12KG	480 MG	6 ML
13 TO 14KG	560 MG	7 ML
15 TO 16KG	640 MG	8 ML
17 TO 18KG	720 MG	9 ML
19 AND OVER	875 MG	11 ML

Recommended duration of therapy for children with otitis media:
<2 years 10 days
2-5 years 7 days
>5 years 5-7 days

-----SEVERE PHARYNGITIS/CELLULITIS-----

WT IN KG	45MG/KG/DAY	
	BID DOSING IN MG	BID DOSING IN ML
UP TO 2KG	45 MG	0.5 ML
3 KG	68 MG	0.8 ML
4 KG	90 MG	1.2 ML
5 TO 6 KG	123 MG	1.5 ML
7 TO 8 KG	160 MG	2 ML
9 TO 10KG	200 MG	2.5 ML

- INFECTION DISEASE MENU
- Acute Bronchitis
 - Clostridium difficile
 - Community Acquired Pneumonia
 - Helicobacter Pylori**
 - Headlice/Scabies
 - Hepatitis C Virus (HCV)
 - Human Immunodeficiency Virus (HIV)
 - Influenza
 - Otitis Externa
 - Otitis Media
 - Sexually transmitted diseases and Men/Women's
 - Sinusitis
 - Skin infections (Bites/Cellulitis/DM foot/Impetigo)
 - Strep Pharyngitis
 - Tuberculosis
 - UTI
 - All Other Infections

Date reviewed: Apr 2022

Recommended First Line Therapy

H.PYLORI QUADRUPLE THERAPY (click here)

This includes:
PPI + bismuth + metronidazole + doxycycline x 14 days

Clarithromycin Resistance <15% (or no prior macrolide exposure)

H.PYLORI TRIPLE THERAPY (click here)
This includes:
PPI + clarithromycin 500mg + amoxicillin 1 GM x 14 days

H.PYLORI SEQUENTIAL THERAPY (click here)
This includes:
1. PPI PO BID + amoxicillin 1GM PO BID x 7 days followed by an additional 7 days of
2. PPI PO BID + clarithromycin 500mg BID + tinidazole 500mg BID

H.Pylori Quadruple Therapy

- Omeprazole 20mg bid
- Bismuth subsalicylate 262mg 2 po BI
- Metronidazole 250mg aid

Stop Order Set

Medication Order

OMEPRAZOLE CAP,EC Change

[Display Restrictions / Guidelines](#) Pt Wt on 09/16/2022 195 lb (88.45 kg)
Pt Ht on 11/03/2020 58 in (147.32 cm)

Dosage	Complex	Route	Schedule
20MG		ORAL	BID <input type="checkbox"/> PRN
20MG	0.15	ORAL	1/2 HOUR BEFORE 1HR BEFORE 30 MIN AC 30 MINBEFORE DENT 5X/DAY AC AC & HS AC&HS AS DIRECTED BID
40MG	0.3		

Patient Instructions: FOR STOMACH

Days Supply: 14 Quantity: 28 Refills: 0 Clinical Indication: Chronic Med
 Dispense as Written Priority: ROUTINE

Pick Up: Clinic Mail Window Outside Pharmacy - eRx Outside Pharmacy - Print

Notes to Pharmacist:

OMEPRAZOLE CAP,EC 20MG
TAKE ONE (1) CAPSULE BY MOUTH TWICE A DAY FOR STOMACH
Quantity: 28 Days: 14 Refills: 0 *Chronic Med: NO Dispense as Written: NO

- INFECTIOUS DISEASE MENU**
- Acute Bronchitis
 - Clostridium difficile
 - Community Acquired Pneumonia
 - Helicobacter Pylori
 - Headlice/Scabies
 - Hepatitis C Virus (HCV)
 - Human Immunodeficiency Virus (HIV)
 - Influenza
 - Otitis Externa
 - Otitis Media
 - Sexually transmitted diseases and Men/Wo
 - Sinusitis
 - Skin infections (Bites/Cellulitis/DM foot/Imp)
 - Strep Pharyngitis
 - Tuberculosis
 - UTI
 - All Other Infections

 Treat empirically for chlamydia and gonorrhea unless either ruled out

EMPIRIC TREATMENT (CHLAMYDIA/GONORRHEA)
 [Pt <150kg]: cefTRIAxone 500mg IM + Doxycycline 100mg bid for 7 days
 [Pt >150kg]: cefTRIAxone 1000mg IM + Doxycycline 100mg bid for 7 days

CEPHALOSPORIN ALLERGY
 Gentamicin 240mg IM + Azithromycin 2g PYXIS
 Ordered as needed

PREGNANCY
 [Pt <150kg]: cefTRIAxone 500mg IM + Azithromycin 1g PYXIS
 [Pt >150kg]: cefTRIAxone 1000mg IM + Azithromycin 1g PYXIS

EXPEDITED PARTNER THERAPY
 cefixime 800mg PO + Doxycycline 100mg bid for 7 days

Gonococcal monotherapy (chlamydia ruled out)
 [Pt <150kg]: cefTRIAxone 500mg IM
 [Pt >150kg]: cefTRIAxone 1000mg IM

Chlamydia/Cervicitis/Urethritis (gonococcal ruled out)
 Azithromycin 1g PYXIS
 OR
 Doxycycline 100mg bid for 7 days [NON PREGNANT patients ONLY]

Gonococcal Conjunctivitis
 cefTRIAxone 1000mg + Azithromycin 1 gm PYXIS

cefTRIAxone 500 MG in lidocaine + dox...

- cefTRIAxone 500mg in lidocaine [K]
- cefTRIAxone 500 mg in
- Lidocaine 1% 2ML for ceftriaxone 50

Stop Order Set

Medication Order

CEFTRIAxONE 500MG INJ INJ,SOLN Change

Pt Wt on 09/16/2022 195 lb (88.45 kg)
 Pt Ht on 11/03/2020 58 in (147.32 cm)

Dosage	Route	Schedule
500MG	INTRAMUSCULAR	NOW <input type="checkbox"/> PRN
500 MG OF 500MG/VIAL	INTRAMUSCULAR	TID
	INTRAVENOUS	TNCC
	ORIGIN INSERTION	TU
	INTRA-ARTICULAR	TU-TH-SA-M
	NERVE BLOCK	TU-TH-SA-SU
	INTRALESIONAL	UP TO TID
		W-F-SU
		WE
		qnoon
		NOW

Patient Instructions: - ADMINISTERED IN CLINIC #.

Days Supply: 1 | Quantity: 1 | Refills: 0 | Clinical Indication: Chronic Med Dispense as Written

Pick Up: Clinic Mail Window Outside Pharmacy - eRx Outside Pharmacy - Print

Priority: ROUTINE Discharge Medication

Notes to Pharmacist:

CEFTRIAxONE 500MG INJ INJ,SOLN
 INJECT 500MG INTRAMUSCULARLY NOW - ADMINISTERED IN CLINIC #.
 Quantity: 1 Days: 1 Refills: 0 *Chronic Med: NO Dispense as Written: NO

ADR's

Anti Infectives	
<u>INFECTIOUS DISEASE MENU</u>	
Acute Bronchitis	
Clostridium difficile	
Community Acquired Pneumonia	
Helicobacter Pylori	
Headlice/Scabies	
Hepatitis C Virus (HCV)	
Human Immunodeficiency Virus (HIV)	
Influenza	
Otitis Externa	
Otitis Media	
Sexually transmitted diseases and Men/Women's health	
Sinusitis	
Skin infections (Bites/Cellulitis/DM foot/Impetigo)	
Strep Pharyngitis	
Tuberculosis	
UTI	
All Other Infections	

CELLULITIS
DURATION of treatment is 5 to 10 days [for nonpurulent 5 days is appropriate if improvement seen by c
Nonpurulent TREATMENT
Amoxicillin 500mg tid x 5 to 10 days
Cephalexin 500mg QID x 5 to 10 days
Dicloxacillin 500mg QID x 5 to 10 days
[children] Amoxicillin SUSP 45 mg/kg/day divided BID x 5 to 10
[children] Cephalexin SUSP 50 mg/kg/day divided BID x 5 to 10
Purulent/non purulent MRSA coverage TREATMENT
[MRSA coverage needed if nonpurulent w/ DM or IV drug at
SMX/TMP DS 800mg/160mg BID x 10 days (84% MRSA susc)
Doxycycline 100mg BID x 10 days (84% MRSA susceptibility)
Clindamycin 450mg TID x 10 days (47% MRSA susceptibility)
[children] SMX/TMP SUSP BID x 5 to 10 days
[children] Clindamycin SUSP 30 to 40 mg/kg/day divided TID x
[if Pseudomonas*** coverage add AUGMENTIN]

Risk evaluation for all skin infections

[*Risk for MRSA infection]

- >Broad spectrum abx tx in the last year
- >Purulent drainage
- >[+] MRSA nasal swab
- >Jail patient
- >IV Drug Abuser
- >Uncontrolled DM

[**Risk for Pseudomonas infection]

- >IV abx tx in the last year
- >Foot soaking
- >Puncture wounds
- >Immunocompromised
- >MRSA infection elsewhere or (+) MRSA colonization

[****Sepsis/SIRS criteria (2 or more of the following)]

- >Temp >38 C or <36 C
- >HR >90 beats/min
- >Respiratory rate >20 breaths/min or PaCO2 <32 mmHg
- >WBC >12000 cells/mm3 or <4000 cells/mm3 or >10% band

Anti Infectives	
<u>INFECTIOUS DISEASE MENU</u>	
Acute Bronchitis	
Clostridium difficile	
Community Acquired Pneumonia	
Helicobacter Pylori	
Headlice/Scabies	
Hepatitis C Virus (HCV)	
Human Immunodeficiency Virus (HIV)	
Influenza	
Otitis Externa	
Otitis Media	
Sexually transmitted diseases and Men/Women's health	
Sinusitis	
Skin infections (Bites/Cellulitis/DM foot/Impetigo)	
Strep Pharyngitis	
Tuberculosis	
UTI	
All Other Infections	

CELLULITIS

DURATION of treatment is 5 to 10 days

[for nonpurulent 5 days is appropriate if improvement seen by c

Nonpurulent TREATMENT

Amoxicillin 500mg tid x 5 to 10 days

Cephalexin 500mg QID x 5 to 10 days

Dicloxacillin 500mg QID x 5 to 10 days

[children] Amoxicillin SUSP 45 mg/kg/day divided BID x 5 to 10

[children] Cephalexin SUSP 50 mg/kg/day divided BID x 5 to 10

Purulent/non purulent MRSA coverage TREATMENT

[MRSA coverage needed if nonpurulent w/ DM or IV drug at

SMX/TMP DS 800mg/160mg BID x 10 days (84% MRSA susc)

Doxycycline 100mg BID x 10 days (84% MRSA susceptibility)

Clindamycin 450mg TID x 10 days (47% MRSA susceptibility)

[children] SMX/TMP SUSP BID x 5 to 10 days

[children] Clindamycin SUSP 30 to 40 mg/kg/day divided TID x

[if Pseudomonas** coverage add AUGMENTIN]

Risk evaluation for all skin infections

[*Risk for MRSA infection]

>Broad spectrum abx tx in the last year

>Purulent drainage

>[+] MRSA nasal swab

>Jail patient

>IV Drug Abuser

>Uncontrolled DM

[**Risk for Pseudomonas infection]

>IV abx tx in the last year

>Foot soaking

>Puncture wounds

>Immunocompromised

>MRSA infection elsewhere or (+) MRSA colonization

[****Sepsis/SIRS criteria (2 or more of the following)]

>Temp >38 C or <36 C

>HR >90 beats/min

>Respiratory rate >20 breaths/min or PaCO2 <32 mmHg

>WBC >12000 cells/mm3 or <4000 cells/mm3 or >10% band

Anti Infectives

INFECTIOUS DISEASE MENU

- Acute Bronchitis
- Clostridium difficile
- Community Acquired Pneumonia
- Helicobacter Pylori
- Headlice/Scabies
- Hepatitis C Virus (HCV)
- Human Immunodeficiency Virus (HIV)
- Influenza
- Otitis Externa
- Otitis Media
- Sexually transmitted diseases and Men/Women's health
- Sinusitis
- Skin infections (Bites/Cellulitis/DM foot/Impetigo)
- Strep Pharyngitis
- Tuberculosis
- UTI**
- All Other Infections

UTI

ANTIBIOTICS

Adults

Uncomplicated 1st line therapy

- Nitrofurantoin 100MG BID x 5 days (99% e.coli susceptibility)
- Sulfamethoxazole/trimethoprim 800/160MG BID x 3 days (90% e.coli susceptibility)
- Cephalexin 500MG QID x 5 to 7 days (0% e.coli susceptibility)

Uncomplicated 2nd line therapy

- Ciprofloxacin 250MG BID x 3 days

Complicated

- Ciprofloxacin 500MG BID x 7 days (89% e. coli susceptibility)
- SMX/TMP DS tablet BID x 14 days
- Nitrofurantoin 100mg BID x 7 days (female only)

Complicated UTI oral therapy PLUS:

- Ceftriaxone 1000MG IM once (100% e.coli susceptibility)

Pregnant

- Nitrofurantoin 100mg BID x 7 days (<38 weeks pregnant)
- Cephalexin 500MG QID x 5 to 7 days (0% e.coli susceptibility)

ADJUNCTIVE THERAPY

- Phenazopyridine 200mg tid

STD Medications...

Chlamydia Treatment >> IS PARTNER BEING TREATED? <<

>>First Line
 Doxycycline 100mg bid x 7 days [PATIENT ONLY]
 Doxycycline 100mg BID x 7 days [PATIENT & PARTNER]

>>If pregnancy or allergy to doxy
 Azithromycin 1 gram [PATIENT ONLY]
 Azithromycin 1 gram [PATIENT & PARTNER]

Gonorrhea Treatment >> IS PARTNER BEING TREATED? <<

>>Test of cure for pharyngeal gonorrhea 7 to 14 days after treatment
 ceftRIAXone 500mg IM with 1% Lidocaine [PATIENT ONLY]
 ceftRIAXone 500mg IM [FOR PT] & Cefixime 800mg PO [FOR PARTNER]

>>If pt greater than or equal to 150kg
 ceftRIAXone 1gm IM with 1% Lidocaine [PATIENT ONLY]
 ceftRIAXone 1gm IM [FOR PT] & Cefixime 800mg PO [FOR PARTNER]

>>If pt has ophthalmic allergy
 Gentamicin 240mg IM + Azithromycin 2gm PO x 1 [PATIENT ONLY]
 Gentamicin 240mg IM/Azith 2gm po [FOR PT] & Cefixime 800mg po once [FOR PARTNER]

Gonorrhea/Chlamydia Treatment >> IS PARTNER BEING TREATED? <<

ceftRIAXone 500mg IM + Doxycycline 100mg PO BID x 7 days [PATIENT ONLY]
 ceftRIAX 500mg/Doxycycline [FOR PT] + Cefixime/Doxycycline [FOR PARTNER]

>>If pt greater than or equal to 150kg
 ceftRIAXone 1gm IM + Doxycycline 100 mg PO BID x 7 days [PATIENT ONLY]
 ceftRIAX 1gm/Doxycycline [FOR PT] + Cefixime/Doxycycline [FOR PARTNER]

>>If pt has ophthalmic allergy
 Gentamicin 240mg IM + Azithromycin 2gm PO x 1 [PATIENT ONLY]
 Gentamicin 240mg IM/Azith 2gm po [FOR PT] & Cefixime /Doxycycline [FOR PARTNER]

>>If patient is pregnant
 ceftRIAXone 500mg IM + Azithromycin 1gm PO x 1 [PATIENT ONLY]
 ceftRIAXone 500mg/Azith [FOR PT] & Cefixime/Doxycycline [FOR PARTNER]

Preventive Therapy
 Condoms #12
 Condoms *NON LATEX #12 (R)
 *Restricted to pt (or partner) with latex allergy

Lab Test
 GC/CNA/Throat
 RPR Titer Only

Genital Herpes Treatment

>>First episode
 valACYclovir 1 Gm BID X 10 Days
 >>Recurrent episode
 valACYclovir 1 GM QDay x 5 Days
 >>Suppressive therapy for recurrent HSV2
 valACYclovir 500mg Qday

Oral Herpes Treatment

>>First episode
 valACYclovir 1 Gm BID X 10 Days
 >>Recurrent episode W/ Mil/Mod Symptoms
 valACYclovir 2 Gm q12h x 1 day
 >>Suppressive Tx for Recurrent & Severe Symptoms
 valACYclovir 500mg Qday

Syphilis Treatment

>>Primary Secondary or Early Latent (<1 year)
 Pen G (Bicilin LA) Inj 2.4 Mi Units x 1 (Syphilis Tx)
 >>Tertiary or Late Latent (>1 yr) of unknown duration
 Pen G (Bicilin LA) Inj 2.4 Mi Units Weekly x 3 (Syphilis)

>>Penicillin Allergy Primary Secondary or Early Latent
 Doxycycline 100mg bid x 14 days
 >>Penicillin Allergy Tertiary or Late Latent of unknown duration
 Doxycycline 100mg bid x 28 days

Trichomoniasis Treatment

First Line

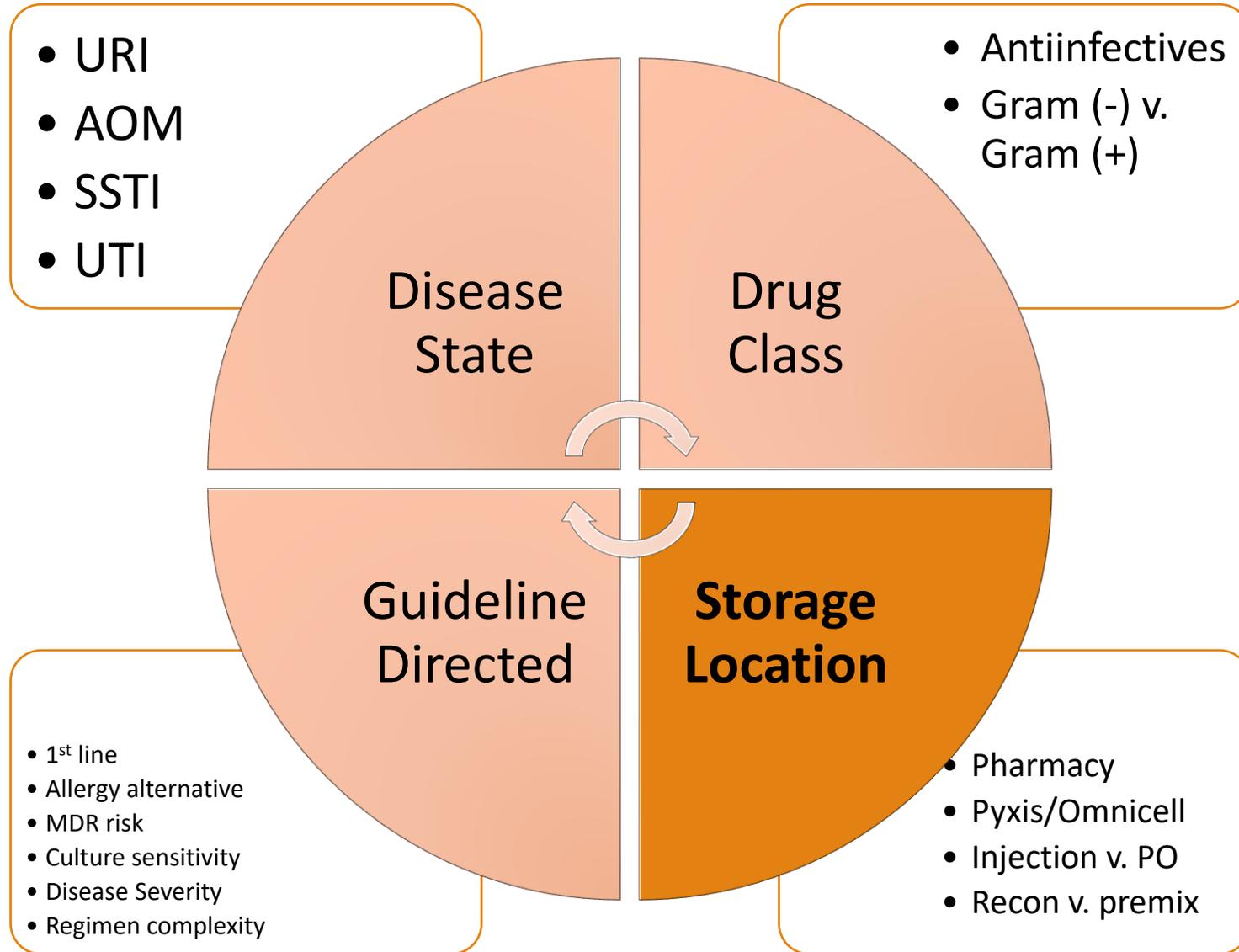
metronIDAZOLE 500mg bid x 7 days

Second Line Treatment if adherence problematic with first line

metronIDAZOLE 2 gram x 1 dose

Treatment failure if second treatment failure

metronIDAZOLE 2 gram BID x 7 days



Meds order on MEDS TAB

Mens Health

Opioid Withdrawal (DEAX number required)

- Anemia and Anticoagulation
- Anticonvulsants and Anxiolytic
- Antidepressants
- Antihistamines
- Anti Infectives
- Cardiovascular
- Contrast for CT Scan
- Contraceptive
- Dental Medications
- Dermatologic
- Diabetes
- Eye/Ear/Nose/Throat
- Gastrointestinal
- Genitourinary
- Hormone Replacement
- Injections

IN CLINIC MEDS (PYXIS)

Covid Symptom Treatments

IN CLINIC MEDS (PYXIS)

ANALGESICS

Oral Analgesics

Acetaminophen 325mg Tablet unit dose

Ibuprofen 100mg/5ml Susp. unit dose

Injectable Analgesics

Dihydroergotamine 1mg injection

Dihydroergotamine 1mg / Metoclopramide Injection [KIT]

Ketorolac Injection 30mg/ml unit dose

Sumatriptan 6mg injection

ANESTHETICS

Injectable Anesthetics

Bupivacaine 0.5% inj

Lidocaine 1% injection

Lidocaine 2% injection

Topical Anesthetics

EMLA Cream IN CLINIC USE

Lidocaine 2% VISCOUS (Oral Topical) unit dose

Lidocaine 4% TOPICAL (External) solution

ANTIBIOTIC INJECTIONS

cefTRIAxone 500 mg inj

cefTRIAxone 500mg in lidocaine [KIT]

cefTRIAxone 1 gram inj

cefTRIAxone 1000 MG in lidocaine [KIT]

[Pt wt <27kg] Penicillin G 60000 units IM injection

[Pt wt 27kg and up] Penicillin G 120000 units IM injection

DIRECT OBSERVED THERAPY (DOT)

[Pt <150kg]: cefTRIAxone 500mg IM + Azithromycin 1g (get fro

[Pt >150kg]: cefTRIAxone 1000mg IM + Azithromycin 1g (get fr

ANTIEMETICS AND GI MEDICATIONS

Docusate 100mg Cap

GI Cocktail Maalox / Lidocaine 2% Viscous 1:1 Ratio

Maalox 30ml unit dose

Metoclopramide 5mg/ml inj now

Ondansetron 4mg ODT tab

Ondansetron 4mg/2ml inj ud

Prochlorperazine 5mg/ml inj now

Promethazine 25mg/ml injection

CONTRACEPTIVES

NEXPLANON [KIT]

Medroxyprogesterone acetate 150mg/ml q12weeks

Medroxyprogesterone acetate 150mg/ml q12weeks + Calcium

DERMATOLOGY AND WOUND CARE

Bacitracin Ointment 30gm tube

BUTT PASTE [KIT]

Clotrimazole 1% cream

Hydrocortisone Cream

Podophyllin 25% topical solution

Silver sulfadiazine 1% cream

Zinc Oxide Ointment

DIABETES MEDS AND SUPPLIES

Glucose Gel tube

Insulin NPH 100 units/ml

Insulin Regular 100 units/mL

EAR NOSE AND THROAT

Carbamide 6.5% otic hs

MAGIC MOUTHWASH [KIT]

Lidocaine 4% topical solution

ASP
Interventions

Quick Order
Development

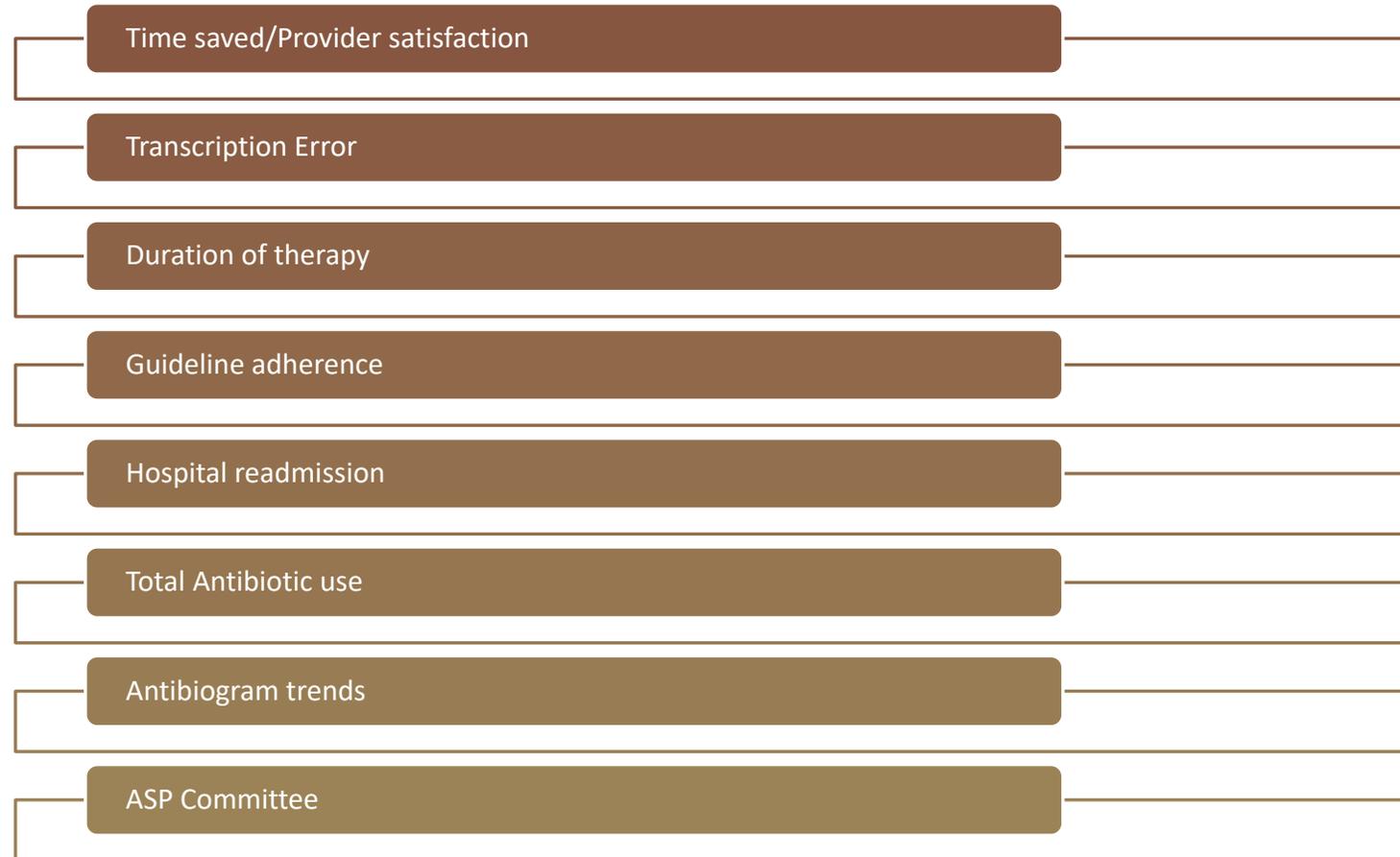
Quick Order
Organization

Evaluation

Questions



Evaluation



Summary

Quick orders are a valuable antimicrobial stewardship intervention

Keys to success

- Provider buy-in
- Organization
- Simple vs. complex
- Multifaceted approach
- Consistent interventions
- Peer review

ASP Committees

- Implement consistent review of guidelines and quick orders

