

# McLeod Health

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## Cefepime (Maxipime) Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

Serum creatinine (mg/dL): \_\_\_\_\_ Date of lab: \_\_\_\_\_ CrCl (mL/min): \_\_\_\_\_ or ☐ ESRD on scheduled HD

### Diagnosis (select one ICD-10 code):

- ☐ L08.9 Local infection of the skin and subcutaneous tissue, unspecified ☐ R78.81 Bacteremia
- ☐ M86.10 Other acute osteomyelitis, unspecified site ☐ M86.60 Other chronic osteomyelitis, unspecified site
- ☐ Other ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

### Drug Orders: The physician will select appropriate dosing based on indication

- Heparin and NS or D5W flushes as needed to maintain line
- Related items and/or supplies needed to administer medication and complete prescribed therapy
- Cefepime (Maxipime) (J0692) per 50 mL NS IV to infuse over 30 minutes
- Dose: Alternative once-daily agent is recommended if CrCl > 30 mL/min
  - ☐ Cefepime 2 grams Q24H
  - ☐ Cefepime 1 gram Q24H
  - ☐ Other dose: \_\_\_\_\_
- Duration: ☐ 6 weeks (end date: \_\_\_\_\_)
  - ☐ Other duration: \_\_\_\_\_ (end date: \_\_\_\_\_)

### Lab Orders:

- Complete blood count (CBC) with differential weekly with reported results
- Basic metabolic panel (BMP) weekly with reported results
- C-reactive protein (CRP) weekly with reported results
- ☐ Other: \_\_\_\_\_

### Standing Orders:

- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Approved: 02/2022

**Insurance/Authorization Information:**

Insurance Type: \_\_\_\_\_

Insurance Authorization Reference Number: \_\_\_\_\_

Date Obtained: \_\_\_\_\_ Authorization Valid Until: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the number below or call with any questions.

Seacoast: 843-366-2224 (Fax)

843-366-3626 (Phone)