

# McLeod Health

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## Ceftriaxone (Rocephin) Treatment Plan

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

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

### 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
- Ceftriaxone (Rocephin) (J0696) per 100 mL NS IV to infuse over 30 minutes
- Dose:       Ceftriaxone 1 gram Q24H  
                  Ceftriaxone 2 grams 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: \_\_\_\_\_

**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.

Florence: 843-777-6001 (Fax)

843-777-4655 (Phone)