

# McLeod Health

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## Daptomycin (Cubicin) 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

**Dosing Weight:** \_\_\_\_\_ kg

**To calculate ideal body weight (IBW):** Males: IBW = 50 kg + 2.3 kg for each inch over 5 feet

Females: IBW = 45.5 kg + 2.3 kg for each inch over 5 feet

If total body weight (TBW) is  $\leq$  IBW, then use *total body weight as the dosing weight*

If TBW > 120% IBW, use adjusted body weight (AdjBW) as dosing weight:  $\text{AdjBW} = [(TBW - IBW) \times 0.4] + IBW$

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

A49.02 Methicillin-resistant *Staphylococcus aureus* infection, unspecified site

L08.9 Local infection of the skin and subcutaneous tissue, unspecified

A49.1 Streptococcal infection, unspecified site

M86.10 Other acute osteomyelitis, unspecified site

M86.60 Other chronic osteomyelitis, unspecified site

R78.81 Bacteremia

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
- Daptomycin (Cubicin) (J0878) per 50 mL NS IV to infuse over 30 minutes
- Dose:
  - Daptomycin 6 mg/kg (pharmacy to round to nearest 250 mg)
  - Daptomycin 8 mg/kg (pharmacy to round to nearest 250 mg)
  - Daptomycin 10 mg/kg (pharmacy to round to nearest 250 mg)
  - Other dose: \_\_\_\_\_ mg
- Frequency:
  - CrCl  $\geq$  30 mL/min: Every 24 hours
  - CrCl < 30 mL/min (but not on scheduled hemodialysis): Every 48 hours
  - Other dosing schedule: \_\_\_\_\_
- Duration:
  - 6 weeks (end date: \_\_\_\_\_)

Approved: 02/2022

Other duration: \_\_\_\_\_ (end date: \_\_\_\_\_)

**Lab Orders:**

- Complete blood count (CBC) with differential, Basic metabolic panel (BMP), Creatinine phosphokinase (CPK), and 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.

Clarendon: 803-435-3194 (Fax)

803-435-3226 (Phone)