

# 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:  $\text{AdjBW} = [(\text{TBW} - \text{IBW}) \times 0.4] + \text{IBW}$

### 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.

Florence: 843-777-6001 (Fax)

843-777-4655 (Phone)