

# McLeod Health

## Cefepime (Maxipime) Treatment Plan

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

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

Patient Primary Phone Number: \_\_\_\_\_

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

- 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.
- Appropriate access and line care orders per health system policy

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

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

**Insurance Information:**

Insurance Plan Name: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_

Insurance Customer Service Contact Number: \_\_\_\_\_

**Preferred Treatment Location**

<input type="checkbox"/> McLeod Regional Medical Center (Florence)	<input type="checkbox"/> McLeod Health Loris	<input type="checkbox"/> McLeod Health Cheraw
<input type="checkbox"/> McLeod Health Seacoast (Little River)	<input type="checkbox"/> McLeod Health Dillon	<input type="checkbox"/> McLeod Health Clarendon (Manning)

**Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at [medicationaccessteam@mcleodhealth.org](mailto:medicationaccessteam@mcleodhealth.org).**