

# McLeod Health

## Ceftriaxone (Rocephin) Treatment Plan

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

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

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

### 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

- 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.
- 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).**