

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

- ☐ McLeod Regional Medical Center (Florence) ☐ McLeod Health Loris ☐ McLeod Health Cheraw
☐ McLeod Health Seacoast (Little River) ☐ McLeod Health Dillon ☐ 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.