McLeod Health

Dalbavancin (Dalvance) 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

Appropriate use criteria: Patient must meet all of the below criteria to be considered eligible for dalbavancin

□ At least 18 years of age

□ Requires antibiotics for an acute bacterial skin and skin structure infection (ABSSSI) without suspicion for or known current deep-seated infections such as osteomyelitis or endocarditis

□ Has failed oral antibiotics OR infection severity precludes use of oral antibiotics OR there is concern for poor adherence to an oral antibiotic regimen

Diagnosis (select one ICD-10 code):

□ A49.0 Staphylococcal infection, unspecified site

□ A49.01 Methicillin-susceptible *Staphylococcus aureus* infection, unspecified site

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

□ A49.1 Streptococcal infection, unspecified site

□ L03.90 Cellulitis, unspecified

□ Other ICD 10 Code: _____ Diagnosis Description: _____

Drug Orders:

- Dalbavancin (Dalvance) (J0875) per 500 mL D5W IV to infuse over 30 minutes
- Dose: □ CrCl ≥ 30 mL/min or on scheduled hemodialysis: 1500 mg x 1 dose
  □ CrCl < 30 mL/min: 1125 mg x 1 dose
- Other dose: _____

Lab Orders:

□ Blood culture x 2 sets, collect from separate sites prior to administering dalbavancin

□ Comprehensive metabolic panel (CMP) prior to administering dalbavancin

□ _____

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

Approved: 03/2021, Last Reviewed: 01/2026

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.