

McLeod Health

Ertapenem (Invanz) 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

- Ertapenem (Invanz) (J1335) per 100 mL NS IV to infuse over 30 minutes
- Dose:
 - CrCl \geq 30 mL/min: Ertapenem 1 gram Q24H
 - CrCl $<$ 30 mL/min or ESRD on HD: Ertapenem 500 mg 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.