

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.