

# CEFAZOLIN / PROBENECID FOR CELLULITIS

## Emergency Department / Outpatient (Adult)

### East Kootenay Regional Hospital

Pharmacy requires 24 hours minimum notice M–F  
 Limited service on weekends and Stat holidays  
 Home Health Nursing services vary by community

Name \_\_\_\_\_

PHN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Phone # \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Weight (kg) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Bulleted orders are initiated by default, unless crossed out and initialed by the physician / prescriber. Boxed orders () require physician / prescriber check mark () to be initiated.

- Treat as Emergency Department outpatient
- Treat as Home Health Nursing outpatient – **Fax and Call (leave message):**
- EKRH Pharmacy Fax: 250-420-4182 Phone: 250-489-6409
  - Home Health Nursing in (Community) \_\_\_\_\_ (See back of page for options and contact information)

<b>Allergies</b>		<b>Weight</b>
<b>Diagnosis</b> Cellulitis (moderate to severe)		
<b>Cultures and sensitivities</b>		
<input type="checkbox"/> In Meditech <input type="checkbox"/> Pending <input type="checkbox"/> Attached (ie. copies from out of province / non-IH) <input type="checkbox"/> None available / empiric therapy		
<b>History of present illness</b> (include failed treatments)		
<input type="checkbox"/> Infectious Disease / Medical Microbiologist consulted: Dr. _____		
<b>Medication</b>		
<b>Creatinine Clearance</b>	<b>Give</b>	
<input type="checkbox"/> Greater than 60 mL/min	<ul style="list-style-type: none"> <li>• probenecid 2 g PO 30 min before ceFAZolin†    <b>**AND**</b></li> <li>• ceFAZolin 2 g IV Q24H</li> </ul>	<ul style="list-style-type: none"> <li>• ceFAZolin 2 g IV Q24H</li> </ul>
<input type="checkbox"/> 30–60 mL/min	<ul style="list-style-type: none"> <li>• probenecid 1 g PO 30 min before ceFAZolin†    <b>**AND**</b></li> <li>• ceFAZolin 2 g IV Q12H</li> </ul>	<ul style="list-style-type: none"> <li>• ceFAZolin 2 g IV Q24H</li> </ul>
<input type="checkbox"/> 10–30 mL/min	<ul style="list-style-type: none"> <li>• ceFAZolin 2 g IV Q12H</li> </ul>	
<input type="checkbox"/> Less than 10 mL/min	<ul style="list-style-type: none"> <li>• ceFAZolin 2 g IV Q24H</li> </ul>	
<input type="checkbox"/> Chronic hemodialysis	<ul style="list-style-type: none"> <li>• ceFAZolin 2 g IV after each dialysis treatment    <b>**OR**</b></li> </ul>	<ul style="list-style-type: none"> <li>• ceFAZolin 2 g IV Q _____ H (usually 48–72H)</li> </ul>
†If GI upset occurs: probenecid dose may be split BID (30 min prior to ceFAZolin and ~ 12H later)		
<b>Start date</b> (dd/mm/yyyy)		<b>Date of last dose</b> (dd/mm/yyyy)
<b>Additional PO antibiotics to be continued</b> (prescription provided to patient)		
<b>Lab work</b> (order on lab requisition)		
• Pharmacist may order drug levels or blood work on behalf of physician to ensure drug efficacy and safety		
<b>MRP for follow up</b> <input type="checkbox"/> Family Physician <input type="checkbox"/> Emergency Physician <input type="checkbox"/> Specialist: _____		
<b>Date of next follow up</b>		
Date (dd / mm / yyyy)	Time	Prescriber's Signature
Printed Name or College ID#		

TO BE COMPLETED BY PROGRAM RECEIVING REFERRAL ONLY		
Program: <input type="checkbox"/> HC <input type="checkbox"/> HC-EOL	Referral Source Code: HOSP	Sub Code: <input type="checkbox"/> IN PT <input type="checkbox"/> OUT PT <input type="checkbox"/> ER
Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> Sep	Resp. Clinician mnemonic _____	Dx Code: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> _____
Contact Time Frame: TODAY	Date accepted for service _____	Service Start date _____

## Home Health Nursing Contact Info

Community		Phone	Fax	(community hospital)**
<input type="checkbox"/> Cranbrook		250-420-2289	250-420-4175	
<input type="checkbox"/> Creston		250-428-3600	250-428-3865	and 250-428-4651
<input type="checkbox"/> Elkford	<i>No weekend service</i>	250-865-2247	250-865-2797	
<input type="checkbox"/> Fernie	<i>No Sunday service</i>	250-423-8275	250-423-8280	and 250-423-8262
<input type="checkbox"/> Golden	<i>No weekend service</i>	250-344-3026	250-344-2817	and 250-344-3906
<input type="checkbox"/> Invermere	<i>No Sunday service</i>	250-342-2372	250-342-2346	and 250-342-2349
<input type="checkbox"/> Kimberley		250-432-2008	250-432-2016	
<input type="checkbox"/> Sparwood	<i>No Sunday service</i>	250-425-4537	250-425-2313	

**\*\*For communities outside Cranbrook, fax referral to community hospital as well for weekend coverage**

### Ordering Physician

1. Ensure patient has a PICC line in place (for extended duration antibiotics ie. over 1 week).
2. Ensure Home IV order is FILLED OUT COMPLETELY, incomplete orders may result in delay in discharge and enrollment in the Home IV Program
3. LIMITED Home IV availability on weekends, check with Pharmacy and Home Health Nursing if Home IV is essential to start on a weekend.
4. Pharmacy must review antibiotics for effectiveness, safety and stability for Home IV. For any further information or clarification the ordering physician will be contacted at their requested contact number.
5. Non-formulary medications must be acquired through a special process which will result in a delay, please contact Pharmacy if you have any questions or concerns.
6. **Re-assessment** must be scheduled **at least 24 hours PRIOR to the stop date** of the original prescription. Late re-assessment may result in patients needing doses in Emergency until further supply can be provided.
7. **If therapy is extended**, the physician needs to **communicate DIRECTLY to an EKRH pharmacist**. Verbal communication is preferable to document progress in the care plan.

### Charge RN/Discharge Planner

1. Ensure form is FILLED OUT COMPLETELY. If information is missing, contact physician to complete the form. Incomplete orders may result in delay in patient discharge and enrollment in the Home IV Program.
2. Find out where the patient lives and fax orders to EKRH Pharmacy AND the appropriate Home Health Nursing office AND community hospital (if applicable).
3. Follow up with a phone call to EKRH Pharmacy AND the Home Health Nursing office to ensure faxes were received and confirm when drug and nursing will be available.
4. If follow up will be with family physician or specialist, arrange the appointment before the patient leaves – patients have difficulty arranging short-notice appointments.
5. Ensure patient knows where to pick up and /or receive the next doses of antibiotics, or has doses in their possession (if applicable).

### Home Health RN

1. Complete registration section.
2. Responsible for:
  - Education of the drug, drug administration and IV lines/ports.
  - Providing supplies needed for Home IV.
  - IV pump and programming.

### Pharmacy

1. When Home IV orders received confirm dosage form (eg. IV push, intermittent infusion, CADD pump) with charge RN/discharge planner/home health RN as appropriate.
2. If required, pharmacist will consult physician re: appropriateness of antibiotic or expected delays in therapy (eg. non-formulary drugs, drug stabilities, transport delays).
3. Once orders are received and assessed for appropriateness Pharmacy will mix drug.
4. Responsible for:
  - Ordering vancomycin troughs and dose vancomycin on behalf of physician (copies of orders will be sent to Home Health Nursing and the physician's office).
  - Ordering additional bloodwork on behalf of physician if needed to monitor drug therapy (copies of orders will be sent to physician's office).
  - Following up with physician regarding any abnormal bloodwork relating to antibiotic therapy.
  - Supplying home health RN with pump program (if needed) and organizing medication pickup/delivery times with patient or home health RN.