

Adult Parenteral Antibiotic Therapy Order

Patient Information

Surname		First Name	
Delivery Address			
City		Postal Code	Direct Telephone Number
Health Card Number (HCN)	Version Code	Date of Birth (YYYY-Month-DD)	Assigned Sex at Birth Male Female
Gender Identity Male Female Non-Binary Transgender Female Transgender Male Gender Variant/Non-conforming Not disclosed Not Listed			
Alternate Contact Name		Relationship to Patient	Telephone Number

**Orders are processed between 8 am– 8pm, 7days/week and require a minimum 4-hour turn around window.
Ontario Health atHome uses a Clinic First Approach to service delivery.**

Medical Information

Height	Weight	Drug Allergies (list ALL)	No known drug allergies
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Medication Delivery Access
Intravenous (*Vascular Access details must be completed*) Intramuscular Intraperitoneal

Vascular Access Details (required for intravenous infusions)

Vascular access in place Date Inserted (YYYY-Month-DD): _____ Needle Gauge/Size: _____

Peripheral Line Midline Implanted Port Central Line / Peripherally Inserted Central Catheter (PICC)

Number of lumens: _____ Inserted length: _____ Position confirmed on chest x-ray

Peripheral vascular access to be started in community

Lab Investigations, if available (Serum creatinine required for drug level monitoring)

Last serum creatinine: _____ μmol/L OR eGFR _____ Date of sample: _____

Vascular Access Management Instructions

Remove vascular access after treatment completed Continue flush protocol until further instructed

Other: _____ Lab Request completed and given to patient

Flush/Lock Protocol

Use standard flush protocol (see appendix below)
 Use other flush protocol (please specify): _____

Dressing Change Instructions

Service provider to follow best practice
 Other dressing change instructions: _____

Antibiotic Prescription

Clinical Indication for Antibiotic Use

Cellulitis Pneumonia Urinary Tract Infection Osteomyelitis Intra-abdominal infection Bloodstream/Septicemia

Other: _____

Antibiotic Selection (one antibiotic/form)

- | | |
|-------------------------|--|
| ◆ Renal dosing required | ● Drug level monitoring required |
| Ampicillin ◆ | Cloxacillin |
| CeFAZolin ◆ | Penicillin G |
| CefTAZidime ◆ | Piperacillin / Tazobactam ◆ |
| CefTRIAxone | Vancomycin ◆◆ (central line required for treatment > 7 days) |

Protected Antibiotics

This request underwent Infectious Diseases (ID) Specialist review.
 If no ID involvement, Community Pharmacist will review within 72 hours.

- | | |
|-----------------|--------------|
| Ciprofloxacin ◆ | Gentamicin◆◆ |
| Meropenem ◆ | Tobramycin◆◆ |
| Imipenem ◆ | Other: |
| Ertapenem ◆ | |

Surname

First Name

HCN

Antibiotic Prescription continued

Dosage	Frequency Q24H Q12H Q8H Q6H Q4H Other: _____
Date of Last Dose in Hospital – (YYYY-Month-DD)	Time of Last Dose in Hospital _____ am pm N/A

FIRST DOSE: If first dose is required in the Community Nursing Clinic, prescriber to fill the Ontario Health atHome IV First Dose and Iron Sucrose Screener with this referral: <https://ontariohealthathome.ca/document/south-west-iv-first-dose-and-iron-sucrose-screener/>

Community Therapy Start Date – (YYYY-Month-DD)	Start Time _____ am pm	Start time can be delayed up to 8 hours	Duration of Community Treatment _____ days doses	End Date – (YYYY-Month-DD)
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NOTE: Delayed start is recommended when start time falls between 8 pm and 8 am.

Special Instructions

To consult a Community Pharmacist
Bayshore Specialty RX - Phone: 1-833-491-5020

Referrer Details

Referrer Name and Designation	CPSO/CNO/RCDSO Registration	OHIP Billing Number
Phone Number	Fax Number	
Office Address		
City	Postal Code	
Referrer Signature	Date Signed (YYYY-Month-DD)	

Complete and fax to Ontario Health atHome at 1-519-472-4045 or 1-855-223-2847
Referral form must be completed in full to permit processing. Incomplete orders will be returned.

Appendix**Flush/Lock Protocol**

	Pre- & Post-Infusion	Maintenance Flush (Inactive Line)	Pre- & Post-Intermittent TPN
Peripheral	3-5mL Normal Saline (N/S)	3-5 mL N/S Q24H	
Midline	10mL N/S	10mL N/S Q24H	
Central Line/PICC	10-20mL N/S	10-20mL N/S Q24H	10-20 mL N/S
Implanted Port	10-20mL N/S	10-20mL N/S every 4 weeks (*)	10-20 mL N/S (*)

NOTE: Community Nurses will use their clinical judgement to flush central lines with fluid volumes between 10mL - 20mL considering the type/size of catheter, patient profile and type of infusion therapy. All Central Venous Catheter line kits deployed to Ontario Health atHome patients consist of two 10 mL NS syringes to complete "Push-Pause" technique to the lines' port located closest to the patient.

Antibiotic Stewardship Community Prescribing Best Practice Guidelines

Consider transitioning to oral antibiotics as soon as able. Do not use this form to order oral medications.

Infection Source	Recommended (IV)	Secondary Antibiotic (IV)	Duration	Oral (PO) Transition
Cellulitis / Bursitis	Cefazolin 1-2g q8h	Ceftriaxone 1-2g q24h	5-7 days	<ul style="list-style-type: none"> Cephalexin * 500mg QID Cefadroxil 500-1000mg BID Amoxicillin-clavulanate * 500mg TID Amoxicillin-clavulanate * 875mg BID Trimethoprim-sulfamethoxazole 1 DS BID (major penicillin allergy or MRSA) Clindamycin 150-300mg QID (major penicillin allergy or MRSA) Doxycycline 100mg BID (major penicillin allergy or MRSA)
Pneumonia	Ceftriaxone 1-2g q24h		5-7 days	<ul style="list-style-type: none"> Amoxicillin-clavulanate * 500mg TID Amoxicillin-clavulanate * 875mg BID Cefuroxime * 500mg BID Azithromycin 500mg on day 1, then 250mg daily x 4 days (major penicillin allergy) LevoFLOxacin * 500mg daily (major penicillin allergy) Doxycycline 100mg BID (major penicillin allergy)
Urinary Tract Infection	Ceftriaxone 1-2g q24h		3-5 days (cystitis); 7-14 days (pyelonephritis)	<ul style="list-style-type: none"> Amoxicillin-clavulanate * 500mg TID Amoxicillin-clavulanate * 875mg BID Sulfamethoxazole-trimethoprim 1 DS BID Ciprofloxacin 500mg BID (major penicillin allergy) Nitrofurantoin 100mg BID (cystitis only) Fosfomycin 3g once (cystitis only)
Osteomyelitis	Cefazolin 2g q8h	<ol style="list-style-type: none"> Cloxacillin 2g q4-6h (staphylococcal osteomyelitis) Vancomycin 1g q12h (major penicillin allergy or MRSA infection) Piperacillin/tazobactam 4.5g q6h (polymicrobial infection or infection in diabetic patient) 	6 weeks	<ul style="list-style-type: none"> Cephalexin 500mg PO QID or 1000mg TID (staphylococcal osteomyelitis) Amoxicillin-clavulanate * 500mg TID (polymicrobial or diabetic foot infection) Amoxicillin-clavulanate * 875mg BID Cefadroxil 500-1000mg BID Doxycycline 100mg BID (major penicillin allergy or MRSA)
Intra-abdominal Infection	Ceftriaxone 1-2g q24h (in combination with PO metronidazole 500mg BID)	Piperacillin/tazobactam 4.5g q8h	5-14 days (depending on source and severity)	<ul style="list-style-type: none"> Amoxicillin-clavulanate * 500mg TID Ciprofloxacin 500mg BID plus metronidazole 500mg BID (major penicillin allergy)
Bloodstream Infection / Bacteremia / Septicemia	<p>Staphylococcus aureus / Group A or B or C Streptococcus</p> <p>Cefazolin 1-2-g q8h</p> <p>OR</p> <p>Cloxacillin 2g q4-6h</p> <p>OR</p> <p>Vancomycin 1g q12h (major penicillin allergy or MRSA infection)</p>	<p>Streptococcus pneumoniae</p> <ol style="list-style-type: none"> Ceftriaxone 1-2g q24h Penicillin G 3-4 million unit q4h <p>E. coli/Klebsiella/Proteus</p> <ol style="list-style-type: none"> Cefazolin 1-2g q8h Ceftriaxone 1-2g q24h <p>Pseudomonas</p> <ol style="list-style-type: none"> Piperacillin/tazobactam 4.5g q6h Ceftazidime 1-2g q8h Meropenem 1-2g q8h (for drug-resistant strains) 	1-2 weeks (minimum 2 weeks for Staphylococcus aureus bacteremia or other complicated bacteremia)	<p>Streptococcus pneumoniae</p> <ul style="list-style-type: none"> LevoFLOxacin * 500mg q24h (major penicillin allergy) Amoxicillin-clavulanate * 500mg TID Amoxicillin-clavulanate * 875mg BID <p>E. coli/Klebsiella/Proteus</p> <ul style="list-style-type: none"> LevoFLOxacin 500mg q24h (major penicillin allergy) Amoxicillin-clavulanate * 500mg TID