

# PHYSICIAN'S ORDER SHEET PERITONEAL DIALYSIS EMPIRIC TREATMENT OF PERITONEAL DIALYSIS RELATED PERITONITIS

Do not add or change orders in any section where orders have previously been written

<input checked="" type="checkbox"/> Standard Orders <input type="checkbox"/> Requires a check (✓) for activation		
<b>Drug Allergies/Intolerances</b> (List and provide description and reaction)		Date: _____ Time: _____
PATIENT'S DRY WEIGHT: _____ kg    DATE OF PERITONEAL EFFLUENT SAMPLE: _____		
MEDICATION ORDERS	ORDER TRANSCRIBED AND ACTIVATED	GENERAL ORDERS/INFORMATION
<p><b>Initial Intraperitoneal (IP) Antibiotics</b> (Begin initial dose as soon as possible)</p> <p>IP = intraperitoneally    PD = Peritoneal Dialysis</p> <p><input type="checkbox"/> CeFAZolin-weight based dosing</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Less than 50 kg</b> CeFAZolin 1 g IP daily . . . . . x _____ days</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>50 kg or greater</b> CeFAZolin 1.5 g IP daily . . . . . x _____ days</p> <p><input type="checkbox"/> Tobramycin-weight based dosing    <b>*Avoid greater than 5 days</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Less than 50 kg</b> Tobramycin 40 mg IP daily . . x _____ days</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>50 kg or greater</b> Tobramycin 60 mg IP daily . . x _____ days</p> <p><i>Use gentamicin if tobramycin not available. Contact nephrologist if gentamicin not available.</i></p> <p><b><u>Give Vancomycin instead of Cefazolin if:</u></b> <b>Methicillin-Resistant Staphylococcus Aureus (MRSA) colonization/cephalosporin or penicillin allergy</b></p> <p><input type="checkbox"/> Vancomycin-weight based dosing</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Less than 50 kg</b> Vancomycin 1 g IP x 1 dose</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>50 kg or greater</b> Vancomycin 2 g IP x 1 dose</p> <p><b><u>If tobramycin contraindicated give:</u></b></p> <p><input type="checkbox"/> CefTAZidime – weight based dosing</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Less than 50 kg</b> CefTAZidime 1 g IP daily . . . . . x _____ days</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>50 kg or greater</b> CefTAZidime 1.5 g IP daily . . x _____ days</p> <p><input type="checkbox"/> Other _____ x _____ days</p>	ORDER TRANSCRIBED AND ACTIVATED	<p><b>Before Initiating Intraperitoneal (IP) Antibiotics:</b></p> <p><input checked="" type="checkbox"/> Contact Nephrologist</p> <p><input type="checkbox"/> Send CBC, urea, electrolytes, creatinine</p> <p><input checked="" type="checkbox"/> Send sample from first cloudy peritoneal effluent for STAT cell count with differential, gram stain and culture, aerobic and anaerobic, with sensitivities.</p> <p><input checked="" type="checkbox"/> Call appropriate PD Unit to leave message that patient has peritonitis:</p> <ul style="list-style-type: none"> <li>- St. Boniface Hospital 204-235-3045</li> <li>- Seven Oaks Hospital 204-632-3454</li> </ul> <p><input checked="" type="checkbox"/> During Peritoneal Dialysis (PD) unit hours contact PD nurse to review patient's technique/ability to self-administer IP antibiotics</p> <p><input checked="" type="checkbox"/> After PD unit hours, if patient well and able to do own PD, patient may be discharged home after initial dose of antibiotics. Follow-up to occur next day in PD unit.</p> <p><input checked="" type="checkbox"/> Encourage patient to return to emergency/call PD unit if no improvement in symptoms over next 24 hours.</p> <p><input type="checkbox"/> Outpatients: Arrange for patient to return to facility to complete course of antibiotics OR if patient able to do own antibiotics this must be arranged with St. Boniface Hospital Shoppers Drug Mart.</p> <p><input type="checkbox"/> Inpatients: Fax to Inpatient Pharmacy</p> <p><input type="checkbox"/> Fax a copy of all orders to PD unit and Renal Pharmacist</p> <ul style="list-style-type: none"> <li>- St. Boniface Hospital: 204-237-2829</li> <li>- Seven Oaks Hospital: 204-697-4204</li> </ul>
<ul style="list-style-type: none"> <li>• <b>First doses of antibiotics to be given in a twin bag of 1.5% dextrose dialysate solution (Dianeal) unless patient is volume overloaded. (Discuss with PD unit or nephrologist if concerns)</b></li> <li>• <b>Confirm compatibility of drug combinations with peritoneal dialysis solution prior to administration</b></li> <li>• <b>All IP antibiotics need to dwell for at least 6 hours</b></li> <li>• <b>Order sufficient antibiotics to last over the weekend</b></li> <li>• <b>Reassess antibiotics in 72 hours based on culture and sensitivities: See Physician Order Sheet for "Peritoneal Dialysis Patients Confirmed Pathogen Peritonitis" W-00543</b></li> </ul>	<p><b><u>FAX ORDERS TO (include unit fax cover page):</u></b></p> <p><input type="checkbox"/> <b>WINNIPEG AREA ONLY: IP drugs MUST be faxed to and dispensed by: Shopper's Drug Mart - St Boniface Hospital Fax # 204-231-4012</b></p> <p><input type="checkbox"/> OTHER (IP orders outside Winnipeg should only be supplied by pharmacies capable of sterile compounding)</p> <p>Pharmacy _____</p> <p>Fax # _____</p> <p><b>PRESCRIBER CERTIFICATION</b> This Rx represents the original of the Rx drug order. The pharmacy addressee noted above is the only intended recipient and there are no others. The original has been invalidated and securely filed and will not be transmitted elsewhere at another time. Quantity must be stated in words and numbers.</p> <p><b>CONFIDENTIALITY CAUTION</b> This fax is confidential and is intended to be received by the addressee only. If the reader is not the intended recipient thereof, you are advised that any dissemination, distribution or copying of this fax is strictly prohibited.</p> <p><b>Use of this form for purposes or by persons not authorized under the Controlled Drugs and Substances Act and its regulations is a criminal act</b></p>	
PHYSICIAN'S SIGNATURE _____ MD  PRINTED NAME _____ MD GENERIC EQUIVALENT AUTHORIZED	<p><input type="checkbox"/> Order faxed by _____ Date/Time _____</p> <p><input type="checkbox"/> Order transcribed by _____ Date/Time _____</p> <p><input type="checkbox"/> Order verified by _____ Date/Time _____</p>	

## Compatibilities of Antibiotics with Peritoneal Dialysis Solutions

(Prepare immediately prior to use)

DRUG	PD SOLUTION			
	DIANEAL	EXTRANEAL	NUTRINEAL	PHYSIONEAL
Cefazolin	Yes	Yes	Unknown	Yes
Cefazolin + Ceftazidime	Yes	Yes	Unknown	Unknown
Cefazolin + Gentamicin	Yes	Unknown	Unknown	Unknown
Cefazolin + Tobramycin	Yes	Unknown	Unknown	Unknown
Ceftazidime	Yes	Yes	Unknown	Unknown
Ceftazidime + Tobramycin	Yes	Unknown	Unknown	Unknown
Ceftazidime + Vancomycin	Yes	Unknown	Unknown	Unknown
Gentamicin	Yes	Yes	Yes	Yes
Gentamicin + Vancomycin	Yes	Yes	Unknown	Unknown
Tobramycin	Yes	Yes	Unknown	Yes
Tobramycin + Vancomycin	Yes	Unknown	Unknown	Unknown
Vancomycin	Yes	Yes	Yes	Yes

Addition of heparin to a concentration of less than 1000 units/L has negligible effect on stability of antibiotics admixed in PD solutions.