kidneyhealth.ca manitoba renal program

Winnipeg Regional Health Authority — Caring for Health | Office régional de la santé de Winnipeg — À l'écoute de notre santé

PHYSICIAN'S ORDER SHEET
PERITONEAL DIALYSIS OUTPATIENTS
Exit Site/Tunnel Infections and Wet Contamination

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

■ Standard Orders ☐ Requires a check (✓) for activation

Drug Allergies/Intolerances (List and provide description and reaction)

Date: ______________________

Time : ______________________

MEDICATION ORDERS	ORDER TRANSCRIBED AND ACTIVATED	GENERAL ORDERS/INFORMATION

MEDICATION ORDERS

☐ **Exit Site Infection** ☐ Initial Treatment (Empiric)
☐ **Tunnel Infection** ☐ (Culture and Sensitivity back)
☐ Cephalexin 500 mg PO bid . . . . x _______ days
☐ Trimethoprim/Sulfamethoxazole 1 DS tablet PO daily . . x _______ days
☐ Ciprofloxacin 500 mg PO daily . . . . x _______ days
☐ Other ______________________________ x _______ days

MRSA suspect or positive: Needs IP Vancomycin

If IP antibiotics needed: IP = intraperitoneally

☐ CeFAZolin - weight based dosing
- ☐ **Less than 50 kg** CeFAZolin 1 g IP daily . . . x _______ days
- ☐ **50 kg or greater** CeFAZolin 1.5 g IP daily . . x _______ days

☐ Vancomycin - weight based dosing
- ☐ **Less than 50 kg** Vancomycin 1 g IP . . . . . . q _______ days **x _______ doses**
- ☐ **50 kg or greater** Vancomycin 2 g IP . . . . . . q _______ days **x _______ doses**

☐ CefTAZidime - weight based dosing
- ☐ **Less than 50 kg** CefTAZidime 1 g IP daily . x _______ days
- ☐ **50 kg or greater** CefTAZidime 1.5 g IP daily x _______ days

☐ Tobramycin - weight based dosing **(avoid greater than 5 days)**
- ☐ **Less than 50 kg** Tobramycin 40 mg IP daily . . x _______ days
- ☐ **50 kg or greater** Tobramycin 60 mg IP daily . . x _______ days

- **All IP antibiotics need to dwell at least 6 hours**
- **Treatment duration of 2 - 3 weeks recommended**
- **If infection not resolved after 3 weeks, consider catheter removal or repositioning.**

☐ **Wet Contamination** (twist clamp open/cracked and sterile uncapped end touches unsterile surface **or** twist clamp leaking **or** hole/leak in transfer set)

■ Transfer set change (DESIRED)

CeFAZolin - weight based dosing
☐ **Less than 50 kg** CeFAZolin 1 g IP daily x 2 doses
☐ **50 kg or greater** CeFAZolin 1.5 g IP daily x 2 doses

MRSA colonization/cephalosporin or penicillin allergy
☐ Vancomycin 2 g IP x 1 dose

If unable to obtain IP antibiotics:
☐ Cephalexin 500 mg PO bid x 3 days
☐ Ciprofloxacin 500 mg PO daily x 3 days

MRSA colonization/cephalosporin or penicillin allergy
☐ Trimethoprim/Sulfamethoxazole 1 DS tablet PO daily x 3days
☐ Other: ______________________________

GENERAL ORDERS/INFORMATION

PATIENT'S DRY WEIGHT: _________ kg

Exit Site and Tunnel Infections
■ Sterile exit site dressing changes for duration of antibiotic treatment
☐ Patient to return to PD unit in _________ week(s) for review
☐ Patient to go to local hospital/nursing station in _________ week(s) for review.

■ **Confirm compatibility of IP drug combinations with PD solution prior to administration (see reverse for chart).**

Culture Results:
☐ Coagulase Negative Staphylococcus
☐ Corynebacterium
☐ Staph Aureus
- ☐ Methicillin-sensitive (MSSA) ☐ Methicillin-resistant (MRSA)

☐ Streptococci species
☐ Enterococcus species
☐ Gram Negative
- ☐ Klebsiella species ☐ Escherichia coli
- ☐ Proteus species ☐ Serratia species

☐ Pseudomonas aeruginosa - *Two antibiotics based on sensitivities; ceftazidime IP and ciprofloxacin PO preferred*
☐ Stenotrophomonasmaltophilia - ***Difficult to eradicate.*** *Two antibiotics based on sensitivities; Trimethoprim/Sulfamethoxazole PO and ciprofloxacin PO preferred BUT ask microbiology lab to do sensitivities.*
☐ Other: ______________________________
☐ No culture done

FAX ORDERS TO (include unit fax cover page):
☐ WINNIPEG AREA: IP drugs MUST be faxed to and dispensed by:
Shopper's Drug Mart - St Boniface Hospital
Fax # 204-231-4012

☐ OTHER (IP orders outside Winnipeg; Oral medications as directed by the patient)

Pharmacy ______________________________

Fax # ______________________________

PRESCRIBER CERTIFICATION
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.

CONFIDENTIALITY CAUTION
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.

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

NOTES: R:0 on all prescriptions unless otherwise specified

PHYSICIAN'S SIGNATURE ______________________________ MD

PRINTED NAME ______________________________ MD

GENERIC EQUIVALENT AUTHORIZED

☐ Order faxed by ____________________ Date/Time ____________
☐ Order transcribed by ____________________ Date/Time ____________
☐ Order verified by ____________________ Date/Time ____________

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.