

(Dalbavancin)



INFUSE ONE

# Dalvance infusion orders

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone Number \_\_\_\_\_

M \_\_\_\_ F \_\_\_\_

## DIAGNOSIS *Please provide ICD-10 code*

\_\_\_\_\_ Skin & soft tissue infection

\_\_\_\_\_ Other

## PRE-MEDICATIONS

Acetaminophen 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

\_\_\_\_\_ (other)

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

\_\_\_\_\_ (other)

## Dalvance (Dalbavancin) ORDERS

### DOSAGE & FREQUENCY

#### Single Dose Regimen:

Infuse 1500mg over 30 min (CrCL  $\geq$  30 mL/min)

Infuse 1125mg over 30 min (CrCL < 30 mL/min)

Other: \_\_\_\_\_

### Patient Weight

\_\_\_\_\_ lbs

\_\_\_\_\_ kg

## NOTES:

## ORDERING PROVIDER

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Provider \_\_\_\_\_ Date \_\_\_\_\_