Healthcare Provider Order Set/Prescriptions for Intravenous Antibiotic Therapy at UrgentMD Inc.

URGENT MD

The referring healthcare provider has:

- Evaluated the patient
- Diagnosed an infectious condition that would be appropriately treated with a single dose or short course of IV antibiotics
- The ability to ensure the necessary patient follow-up

Exclusion criteria:

- Clinically unwell appearing patient
- Known allergy to the prescribed antibiotic
- Patient is unable to mobilize on his/her own without assistance (except for his/her own caregiver)

Please indicate the infectious condition requiring treated:

☐ Pneumonia

☐ Skin/soft tissue infection

☐ UTI/Pyelonephritis

☐ Other: _____

Please prescribe one of the following antibiotics and duration:

☐ Ceftriaxone 2g IV x 1

☐ Administer q24 hrs x ____ days

☐ Levofloxacin 500mg IV x 1

☐ Administer q24 hrs x ____ days

Other antibiotic: _____

Laboratory Tests (if indicated):

☐ CBC ☐ SMA7 ☐ CRP

☐ Culture: ☐ Throat ☐ Skin/wound ☐ Urine

☐ Other test requested: _____

In the event of allergic reaction, the nurse providing infusion services may administer any of the following medications:

Epinephrine (1:1000) 0.3-0.5mg IM q 15 mins PRN

Diphenhydramine 50 mg IV/PO x 1 PRN if IV to be diluted in Normal Saline 50 cc bag

Famotidine 20mg IV/PO x 1 PRN if IV to be diluted in Normal Saline 50 cc bag

Decadron 10 mg IV or Prednisone 50 mg PO x 1 PRN if IV to be diluted in Normal Saline 50 cc bag

Nursing responsibilities in the event of adverse reaction:

Evaluate the patient's clinical status

Monitor patient vital signs

Administer above medications as appropriate

Call 9-1-1 for immediate transport to hospital for definitive care and provide necessary information to EMS

Nursing Notes:

Prescriber attestation and prescription for medication administration at UrgentMD Inc.:

I certify that I have evaluated the patient and that I am referring the patient to UrgentMD Inc, with an order for the administration of intravenous antibiotic therapy, which will be provided by a licensed registered nurse as a delegated act. I further acknowledge that I am aware that the patient will not be seen by a physician or nurse practitioner at UrgentMD.

Physician Name	Physician License number	Date