

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

URGENT MD

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Patient Information:

Patient Name

Date of Birth

RAMQ Number

Phone Number

Address

Allergies

The 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
- Given the patient an appropriate IV saline and antibiotics (e.g., Ceftriaxone, Levofloxacin) prescription by completing this form and:
 - 1 providing a copy directly to the patient and advising them to fill at their pharmacy for them to bring to their appointment;
 - 2 sending a copy directly to their pharmacy and advising patient to pick it up and bring it to their appointment; or
 - 3 by providing a copy directly to the patient and informing them that they will be asked to fill it at the pharmacy adjacent to UrgentMD on the day of their appointment.

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 treatment:

- 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

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.

Provider Name

Provider License number

Date

Provider Signature

Please fax a copy of this order to UrgentMD at (514) 905-9285