

Appendix 1. Preprinted order for empiric treatment of fever in outpatients at the time of the study. Following analysis of results presented here, initial orders for patients with fever have been revised as described in the text. © 2009 Leukemia/Bone Marrow Transplant Program of British Columbia. Reproduced with permission.

LEUKEMIA-BMT OUTPATIENT PARENTERAL ANTIBIOTIC PROGRAM		(Page 1 of 1)																								
(items with check boxes must be selected to be ordered)																										
Date: _____ Time: _____	Time Processed RN/LPN Initials Comments																									
<p>DIAGNOSTICS: Blood and urine for C&S prior to first dose of antibiotic administration If blood cultures positive, repeat blood C&S DAILY for 3 days If applicable, O₂ Saturation</p> <p>LABORATORY: tobramycin pre-level immediately prior to second dose unless otherwise specified vancomycin pre-level immediately prior to third dose unless otherwise specified</p>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Height: _____ cm</td> <td style="width: 50%;">Actual Weight: _____ kg</td> </tr> <tr> <td colspan="2">Ideal Body Weight (IBW):</td> </tr> <tr> <td colspan="2">Male = 51.65 + 0.73 (height in cm - 152.4) Female = 48.67 + 0.65 (height in cm - 152.4)</td> </tr> <tr> <td colspan="2">Corrected Body Weight:</td> </tr> <tr> <td colspan="2">(actual body weight + ideal body weight) / 2</td> </tr> <tr> <td colspan="2">Corrected Body Weight = _____ kg</td> </tr> <tr> <td colspan="2">Estimated CrCl:</td> </tr> <tr> <td colspan="2">140 - age _____ x 0.85 (for females) 0.011 * SCr (µmol/L)</td> </tr> <tr> <td colspan="2">CrCl = _____ mL/min</td> </tr> </table>	Height: _____ cm	Actual Weight: _____ kg	Ideal Body Weight (IBW):		Male = 51.65 + 0.73 (height in cm - 152.4) Female = 48.67 + 0.65 (height in cm - 152.4)		Corrected Body Weight:		(actual body weight + ideal body weight) / 2		Corrected Body Weight = _____ kg		Estimated CrCl:		140 - age _____ x 0.85 (for females) 0.011 * SCr (µmol/L)		CrCl = _____ mL/min									
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<p>INTRAVENOUS ACCESS: <input type="checkbox"/> Central <input type="checkbox"/> Peripheral</p> <p>MEDICATIONS:</p> <p><input type="checkbox"/> ceftriaXONE 2 g IV Q24H x 3 doses, then 1 g IV Q24H</p> <p><input type="checkbox"/> tobramycin (rounded to nearest 20 mg) _____ mg IV Q _____ H according to dosing regimen table</p>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Recommended tobramycin Dosing Regimen</th> </tr> <tr> <th>CrCl (mL/min)</th> <th>Dose* (mg/kg)</th> <th>Interval (h)</th> </tr> </thead> <tbody> <tr> <td>60 or higher</td> <td>6</td> <td>24</td> </tr> <tr> <td>40 to 59</td> <td>4.5</td> <td>24</td> </tr> <tr> <td>20 to 39†</td> <td>6</td> <td>48</td> </tr> </tbody> </table> <p style="font-size: small;">* Use ideal body weight (IBW); IF patient obese (greater than 125% IBW) then use corrected body weight † Use with caution. If possible, consider alternate antibiotic.</p>			Recommended tobramycin Dosing Regimen			CrCl (mL/min)	Dose* (mg/kg)	Interval (h)	60 or higher	6	24	40 to 59	4.5	24	20 to 39†	6	48									
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<p><input type="checkbox"/> vancomycin</p> <p>Load: IF required (refer to dosing regimen; rounded to nearest 250 mg; maximum 2.5 g) _____ g x 1 dose Maintenance: (refer to dosing regimen; rounded to nearest 250 mg; maximum 2.5 g) _____ g IV Q _____ H Infuse each dose over at least 90 minutes.</p>																										
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<p>acetaminophen 650 mg PO Q4H PRN fever</p> <p><input type="checkbox"/> Other (specify): _____</p>																										
_____ Prescriber's Signature LBMTOPAP	_____ Printed Name Rev. Sep-09	_____ College ID																								

Supplementary material for Luo C, Hussaini T, Lalaria K, Yeung J, Lau TTY, Broady RC. Evaluation of a once-daily vancomycin regimen in an outpatient leukemia/bone marrow transplant clinic (OD-VANCO study). *Can J Hosp Pharm.* 2014;67(4):280-5.