Cellulitis/Soft Tissue Infection

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>PRESCRIBER ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Care:</td>
<td>Admit to:</td>
<td>Observation</td>
</tr>
<tr>
<td>Location:</td>
<td></td>
<td>Med Surg</td>
</tr>
<tr>
<td>Precautions:</td>
<td></td>
<td>Contact</td>
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<tr>
<td>Diagnosis:</td>
<td></td>
<td>Cellulitis</td>
</tr>
<tr>
<td>Admitting Physician:</td>
<td></td>
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<tr>
<td>Condition:</td>
<td></td>
<td>Stable</td>
</tr>
<tr>
<td>Consults:</td>
<td></td>
<td>Infectious Disease Consult</td>
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<tr>
<td></td>
<td></td>
<td>Obtain Health Care Proxy</td>
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<td>Notify MD if:</td>
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1. ACTIVITY:
- Bedrest
- Bedrest / Commode
- Bedrest / Bathroom Privileges
- OOB to chair
- Ambulate

2. DIET:
- NPO
- Regular
- Other: Nutrition Consult

3. IV INFUSION:
- Saline trap
- IV at mL/hour

4. MEDICATIONS:
- Antibiotic Therapy:
  - Cellulitis/Lymphangitis:
    - Cefazolin (Ancef) 1 gm IV q 8 h
    - Oxacillin 2 gms IV q 4 h
    - Vancomycin 1 gm IV q 12 h [severe penicillin or cephalosporin allergy]
  - Complicated with abscess /diabetic foot infection with ulceration OR history of MRSA:
    - Vancomycin 1 gm IV x q 12 h + piperacillin/tazobactam 4.5 gm IV q 6 h
    - Vancomycin 1 gm IV x q 12 h + aztreonam 1 gm IV q 8 h + metronidazole 500 mg IV q 8 h [severe penicillin allergy or cephalosporin allergy]
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#### 4. MEDICATIONS: (Continued)

- **Analgesia:**
  - Acetaminophen (Tylenol) 650 mg PO every 4 hours as needed for a temperature greater than ____________
  - Ibuprofen (Motrin) 400 mg PO every 8 hours as needed for a temperature greater than ____________
- **Other Medications:** See additional order sheet

#### 5. LAB STUDIES: If not done in the ED

- CBC/differential
- BMP
- CMP
- Wound culture
- Blood culture (peripheral sites)
- Therapeutic drug levels:
- Other labs:

#### Other Studies: Cardiology:

- EKG

#### Diagnostic Imaging:

- X-ray Chest
- Other:

#### 6. Venous Thrombo Embolism Precautions: (VTE) (May Select More than One)

- Sequential Compression Device until ambulatory
- Heparin 5,000 units subcutaneously q 8 h
- Heparin 5,000 units subcutaneously q 12 h
- Enoxaparin (Lovenox) 40 mg subcutaneously daily
- No VTE Prophylaxis (REASON) Not a Candidate Contraindicated Other ________________________

#### 7. Referrals:

- Social Work/Care Management
- Other:

Prescriber Signature: ____________________________ Date: ____________ Time: ________

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Dev: 5/08
CSC Form # 9066