

McLeod Health

Ceftriaxone (Rocephin) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

Diagnosis (select one ICD-10 code):

- L08.9 Local infection of the skin and subcutaneous tissue, unspecified R78.81 Bacteremia
- M86.10 Other acute osteomyelitis, unspecified site M86.60 Other chronic osteomyelitis, unspecified site
- Other ICD 10 Code: _____ Diagnosis Description: _____

Drug Orders: The physician will select appropriate dosing based on indication

- Heparin and NS or D5W flushes as needed to maintain line
- Related items and/or supplies needed to administer medication and complete prescribed therapy
- Ceftriaxone (Rocephin) (J0696) per 100 mL NS IV to infuse over 30 minutes
- Dose: Ceftriaxone 1 gram Q24H
 Ceftriaxone 2 grams Q24H
 Other dose: _____
- Duration: 6 weeks (end date: _____)
 Other duration: _____ (end date: _____)

Lab Orders:

- Complete blood count (CBC) with differential weekly with reported results
- Basic metabolic panel (BMP) weekly with reported results
- C-reactive protein (CRP) weekly with reported results
- Other: _____

Standing Orders:

- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Insurance Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

- McLeod Regional Medical Center (Florence) McLeod Health Loris McLeod Health Cheraw
 McLeod Health Seacoast (Little River) McLeod Health Dillon McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.