

McLeod Health

Dalbavancin (Dalvance) Treatment Plan

Patient Name: _____ DOB: _____

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

Patient Primary Phone Number: _____

Serum creatinine (mg/dL): _____ Date of lab: _____ CrCl (mL/min): _____ or ESRD on scheduled HD

Appropriate use criteria: Patient must meet all of the below criteria to be considered eligible for dalbavancin

- At least 18 years of age
- Requires antibiotics for an acute bacterial skin and skin structure infection (ABSSSI) without suspicion for or known current deep-seated infections such as osteomyelitis or endocarditis
- Has failed oral antibiotics OR infection severity precludes use of oral antibiotics OR there is concern for poor adherence to an oral antibiotic regimen

Diagnosis (select one ICD-10 code):

- A49.0 Staphylococcal infection, unspecified site
- A49.01 Methicillin-susceptible *Staphylococcus aureus* infection, unspecified site
- A49.02 Methicillin-resistant *Staphylococcus aureus* infection, unspecified site
- A49.1 Streptococcal infection, unspecified site
- L03.90 Cellulitis, unspecified
- Other ICD 10 Code: _____ Diagnosis Description: _____

Drug Orders:

- Dalbavancin (Dalvance) (J0875) per 500 mL D5W IV to infuse over 30 minutes
- Dose: CrCl \geq 30 mL/min or on scheduled hemodialysis: 1500 mg x 1 dose
 CrCl < 30 mL/min: 1125 mg x 1 dose
- Other dose: _____

Lab Orders:

- Blood culture x 2 sets, collect from separate sites prior to administering dalbavancin
- Comprehensive metabolic panel (CMP) prior to administering dalbavancin
- _____

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.