

McLeod Health

Daptomycin (Cubicin) 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

Dosing Weight: _____ kg

To calculate ideal body weight (IBW): Males: $IBW = 50 \text{ kg} + 2.3 \text{ kg for each inch over 5 feet}$
Females: $IBW = 45.5 \text{ kg} + 2.3 \text{ kg for each inch over 5 feet}$

If total body weight (TBW) is \leq IBW, then use *total body weight as the dosing weight*

If $TBW > 120\%$ IBW, use adjusted body weight (AdjBW) as dosing weight: $AdjBW = [(TBW - IBW) \times 0.4] + IBW$

Diagnosis (select one ICD-10 code):

- A49.02 Methicillin-resistant *Staphylococcus aureus* infection, unspecified site
- L08.9 Local infection of the skin and subcutaneous tissue, unspecified
- A49.1 Streptococcal infection, unspecified site M86.10 Other acute osteomyelitis, unspecified site
- M86.60 Other chronic osteomyelitis, unspecified site R78.81 Bacteremia
- 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
- Daptomycin (Cubicin) (J0878) per 50 mL NS IV to infuse over 30 minutes
- Dose:
 - Daptomycin 6 mg/kg (pharmacy to round to nearest 250 mg)
 - Daptomycin 8 mg/kg (pharmacy to round to nearest 250 mg)
 - Daptomycin 10 mg/kg (pharmacy to round to nearest 250 mg)
 - Other dose: _____ mg
- Frequency:
 - CrCl \geq 30 mL/min: Every 24 hours
 - CrCl $<$ 30 mL/min (but not on scheduled hemodialysis): Every 48 hours
 - Other dosing schedule: _____

- Duration: 6 weeks (end date: _____)
 Other duration: _____ (end date: _____)

Lab Orders:

- Complete blood count (CBC) with differential, Basic metabolic panel (BMP), Creatinine phosphokinase (CPK), and 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.