

# McLeod Health

## Ertapenem (Invanz) 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

### 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 (A4221)
- Related items and/or supplies needed to administer medication and complete prescribed therapy (A4222)
- Ertapenem (Invanz) (J1335) per 100 mL NS IV to infuse over 30 minutes
- Dose:  CrCl  $\geq$  30 mL/min: Ertapenem 1 gram Q24H  
 CrCl < 30 mL/min or ESRD on HD: Ertapenem 500 mg 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](mailto:medicationaccessteam@mcleodhealth.org).**