



MRN: \_\_\_\_\_

Phone: 1-800-809-1265 Fax: 1-866-872-8920

DOB: \_\_\_\_\_

**STANDARD DALVANCE® (dalbavancin) PLAN OF TREATMENT**

**NOTE:** Prescribing DALVANCE® in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and increases the risk of the development of drug resistant bacteria.

1. Patient Name: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

2. Allergies: \_\_\_\_\_

3. **Diagnosis:**  ICD-10 Code: \_\_\_\_\_ diagnosis description: \_\_\_\_\_

Other ICD-10 Code: \_\_\_\_\_ diagnosis description: \_\_\_\_\_

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**Orders:** Obtain weight each visit. **Vital signs at baseline, at completion, 30 minutes after completion, and then may discharge when infusion is complete.** Instruct patient/caregiver on medications and signs/symptoms of adverse reaction. Assess patient for response to therapy. Utilize existing central line for administration or initiate a peripheral IV with each infusion as needed. D5W (5% Dextrose in Water) flush 3-10 ml before, after, and as needed during the infusion. Follow infusion with Heparin 100 units/ml 1 – 5 ml per line type or to peripheral IV as required for multiple day treatments. Pump, tubing, 0.22-micron filter, and supplies needed to complete prescribed therapy. Pharmacist to perform clinical drug monitoring. ***If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES.***

**Dilution:** Use ONLY 5% dextrose in sterile water (D5W) for dilution. **Do NOT use Normal Saline for dilution or flushing of IV line as it is incompatible with DALVANCE® and may cause precipitation of the drug.** Therefore, other intravenous substances, additives, or other medications mixed in normal saline should not be added to DALVANCE® vials or infused simultaneously through the same IV line or through a common intravenous port. If the same intravenous line is used for sequential infusion of additional medications, the line should be flushed before and after infusion with D5W.

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**4. Dose/Frequency:**

**DALVANCE® (dalbavancin) in 100-250 ml of 5% Dextrose in water (D5W) IV to infuse over 30 minutes**

Estimated Creatinine Clearance*	<input type="checkbox"/> Single Dose Regimen	<input type="checkbox"/> Two-Dose Regimen
≥ 30 mL/min or on regular hemodialysis	1500 mg	1000 mg followed one week later by 500 mg
< 30 mL/min and not on regular hemodialysis	1125 mg	750 mg followed one week later by 375 mg

Special Orders: \_\_\_\_\_

Lab orders with infusions: \_\_\_\_\_

5. Physician's Signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

No Stamp Signatures

(Dispense as written)

(Substitution permitted)

Printed Physician's Name with Credentials: \_\_\_\_\_

**6. Fax updated supporting clinical MD notes with each order renewal or change in orders**

Infusion order forms available at [www.palmettoinfusion.com](http://www.palmettoinfusion.com)

