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|--|---------------------------------------|
| Referral Status: | MRN: |
| <input type="checkbox"/> New referral | <input type="checkbox"/> Order change |
| <input type="checkbox"/> Order Renewal | |
| Patient preferred clinic: | |

Dalvance® (Dalbavancin) Standard Plan of Treatment

PATIENT DEMOGRAPHICS:

| | |
|-----------------------------------|-------------------------------|
| Date of Referral: | Patient's Phone: |
| Patient Name: | Address: |
| Date of Birth: | City, State, Zip: |
| Height in inches: | Weight: LB or KG |
| Gender: | Allergies: |
| <input type="checkbox"/> See list | <input type="checkbox"/> NKDA |

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

| |
|----------|
| - Other: |
| - Other: |

REQUESTED DOCUMENTATION:

| REQUESTED DOCUMENTATION: | PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE? |
|---|---|
| 1 Insurance information | IF NO: IF YES: |
| 2 Most recent History & Physical | PLEASE STATE LAST INFUSION DATE: |
| 3 Full medication list | REQUIRED WASHOUT FROM PREVIOUS THERAPY: NEXT INFUSION DATE: |
| 4 Tried and failed therapies | IF ORDER CHANGE: |
| 5 Labs and tests results including BUN, serum creatinine and LFTs within 30-60 days | Continue current order until insurance approved |

MEDICATION ORDERS:

NOTE: Dosage in Patients with Renal Impairment: In patients with renal impairment whose known creatinine clearance is less than 30 mL/min and who are not receiving regularly scheduled hemodialysis, dosing adjustment is suggested.

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.

MEDICATION:

- Dalvance® (Dalbavancin) in 100--250ml of D5W IV to infuse over 30 minutes
- Flush with D5W before and after infusion only **Not compatible with NS**

DOSE/FREQUENCY:

| Creatinine Clearance | Single Dose Regimen | Two-dose Regimen |
|---|---------------------|---|
| ≥ 30 mL/min or on regular hemodialysis | 1500mg | 1000mg on day 0 and 500mg on day 7 |
| < 30 mL/min and not on regular hemodialysis | 1125mg | 750mg on day 0 and 375mg on day 7 |

Other: _____

SPECIAL/LAB ORDERS:

Refills: _____

NURSING ORDERS:

- Start PIV/Access CVC
- Flush device per facility standard flushing procedure
- Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.



PRESCRIBER INFORMATION:

| | |
|-------------------|--------|
| PROVIDER NAME: | PHONE: |
| ADDRESS: | FAX: |
| CITY, STATE, ZIP: | NPI: |

PRESCRIBER SIGNATURE: (No stamp signatures)

DATE:

| | |
|---|------------------------|
| _____ | _____ |
| Dispense as written/Brand medically necessary | Substitution permitted |