

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:

Patient Name:	
Patient's Phone:	Address:
Date of Birth:	City, State, Zip:
Height in inches:	Weight: LB or KG Gender: Allergies: See list NKDA

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

- Other:
- Other:

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	NEXT INFUSION DATE:
4	Tried and failed therapies	FROM PREVIOUS	IF ORDER CHANGE:
5	Labs and tests results including BUN, serum creatinine and LFTs within 30-60 days	THERAPY:	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.

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
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