375 E. Millsap Rd., Suite 3, Fayetteville, AR 72703
(p) 479-445-6833 (f) 479-445-6032

Patient Name: _____
Date of Birth: _____ IV Access: _____
Height: _____ Weight: _____
Allergies: _____

Outpatient Parenteral Antimicrobial Therapy (OPAT) Order Form

Diagnoses: _____ **ICD-10:** _____
_____ **ICD-10:** _____
_____ **ICD-10:** _____

Medication Orders:

- Medication/Dose: _____ Route: _____
  Frequency: _____ Total doses/End Date: _____ ☐ TBD
- Medication/Dose: _____ Route: _____
  Frequency: _____ Total doses/End Date: _____ ☐ TBD
- Medication/Dose: _____ Route: _____
  Frequency: _____ Total doses/End Date: _____ ☐ TBD

- Clinical pharmacist to monitor drug levels and adjust dose accordingly.
- Flush line with 0.9% NaCl per InfuseRx protocol.
- Infusion Reaction Management per InfuseRx protocol as needed.
- PICC/Midline should be pulled promptly after completion of IV antibiotics

Nursing Orders:

☐ If no central IV access, RN to insert peripheral IV, rotate every 72 to 120 hours or as needed.
☐ Other:_____

Labs:

☐ CBC with Diff	☐ weekly	☐ every _____
☐ ESR (Erythrocyte Sedimentation Rate)	☐ weekly	☐ every _____
☐ Serum Creatinine	☐ weekly	☐ every _____
☐ ALT	☐ weekly	☐ every _____
☐ CRP	☐ weekly	☐ every _____
☐ CPK (for Daptomycin)	☐ weekly	☐ every _____
☐ BMP (NA, K, Cl, CO2, BUN, SCr, Gluc, Ca)	☐ weekly	☐ every _____
☐ CMP (BMP + AST, ALT, TP, Alb, Glob, Alp, Tbil)	☐ weekly	☐ every _____
☐ Hepatic Panel (Alk Phos, Alb, DBil, Tbil, TP, ALT, AST)	☐ weekly	☐ every _____
☐ Other: _____	☐ weekly	☐ every _____

_____ _____
Prescriber Signature *Date*

_____ _____
Print Name *DEA Number*