



IV Antibiotics

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605

Phone: (510) 878-9528 | Fax: (510) 969-5840 | Email: referrals@totalinfusion.com

Name: _____

DOB: _____ Phone: _____

Gender: Male Female

Allergies: _____

DIAGNOSIS (ICD-10 code required):

IV LINE CARE per Nursing Policy

INFUSION REACTION MEDICATIONS per Standardized Procedures

PROVIDER REMINDERS:

- All orders with a will be placed unless otherwise noted
- Intravenous Antibiotic orders are for one dose unless otherwise noted
- Total Infusion will administer daily intravenous antibiotics or the first dose for patients receiving multiple doses daily; subsequent doses for home infusion must be coordinated by the prescriber and specialty pharmacy

Medications

Patient Weight _____ kg (**REQUIRED**)

Cefepime IV 500mg 1gm 2gm
 Ceftriaxone IV 250mg 500mg 1gm 2gm
 Ertapenem IV 1gm
 Vancomycin IV 500mg 750mg 1gm
 Other Medication: _____ Dose: _____

Special Instruction(s):

Provider Signature _____ Date _____ Email _____

Printed Name _____ Phone _____ Fax _____

Office Contact _____ Phone _____ Email _____