



**PHYSICIAN'S ORDERS  
Cystic Fibrosis Admission Orders  
(Page 2 of 4)**

Allergy: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

WEIGHT				
HEIGHT				

Pharmacy Use Only	Date & Time	PROVIDE PHYSICIAN NAME, COLLEGE NUMBER, PAGER NUMBER, SIGNATURE	Noted By RN / UC
		<p><b>Medications for Pulmonary Infection:</b></p> <p><input type="checkbox"/> Tobramycin _____ milligrams IV q8h (12 – 15 mg/kg/day) (Tobramycin pre and post levels with third or fourth dose. Draw pre 30 minutes prior to next dose and post 30 minutes after end of infusion.)</p> <p><input type="checkbox"/> Piperacillin _____ milligrams IV q6h (600 mg/kg/day; Max 24 g/day)</p> <p><input type="checkbox"/> Piperacillin-Tazobactam _____ milligrams IV q6h (600 mg/kg/day of piperacillin; Max 12 g/day)</p> <p><input type="checkbox"/> Meropenem _____ milligrams IV q8h (120 mg/kg/day; Max 6 g/day)</p> <p><input type="checkbox"/> Ceftazidime _____ milligrams IV q8h (300 mg/kg/day; Max 8 g/day)</p> <p><input type="checkbox"/> Cefazolin _____ milligrams IV q8h (100 mg/kg/day; Max 6 g/day)</p> <p><input type="checkbox"/> Azithromycin _____ milligrams po daily (10 mg/kg/day; Max 250 mg for ≤40 kg OR 500 mg for &gt;40 kg)</p> <p><input type="checkbox"/> Colistimethate _____ milligrams via nebulizer twice daily post-physio (50 – 150 mg/dose)</p> <p><input type="checkbox"/> Other _____</p>	
		<p><b>Medications for Inhalation:</b></p> <p><input type="checkbox"/> Salbutamol _____ milligrams via nebulizer _____ times a day pre-physio (2.5 – 5 mg/dose). <input type="checkbox"/> Administration Pre-physio <b>OR</b> <input type="checkbox"/> Via PEP Nask during physio</p> <p><input type="checkbox"/> Budesonide _____ milligrams via nebulizer twice daily post-physio (0.25 – 1 mg/dose)</p> <p><input type="checkbox"/> Budesonide Turbuhaler _____ micrograms twice daily post-physio (200 – 800 mcg/day)</p> <p><input type="checkbox"/> Dornase Alfa 2.5 milligrams via nebulizer _____ time(s) a day post-physio</p> <p><input type="checkbox"/> Other _____</p>	
		<p><b>Medications for Nasal Administration:</b></p> <p><input type="checkbox"/> Fluticasone (50 mcg/spray) _____ micrograms in each nostril once daily</p> <p><input type="checkbox"/> Sodium chloride 0.9% nasal spray _____ spray(s) in each nostril _____ prn nasal congestion</p> <p><input type="checkbox"/> Other _____</p>	
		Signature _____	
		Print Name _____	
		College I.D. No. _____	



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