



PHYSICIAN'S PREPRINTED ORDERS

TITLE:	MENINGITIS TREATMENT ORDERS
PHYSICIAN/GROUP:	EIRMC HOSPITALIST SERVICE

1. **Other Diagnosis** _____

2. EIRMC Hospitalist Program
 Admit as an inpatient to _____
 Place as outpatient
 Place as outpatient and begin observation services.
 Telemetry

3. **Allergies:**
 NKDA Other _____

4. **Code Status** Full Do Not Resuscitate

5. **Vital Signs:** Q 1 hr Q 2 hr Q 4 hr
 Neuro Checks Q _____ Other _____

6. **Activity:** Up ad lib BRP Fall Precautions
 PT OT Other _____

7. **Diet:** Regular Other _____

8. **Respiratory:** O₂ @ _____ L/min
 Titrate from _____ to _____ OR ≥ _____
 Incentive spirometry

9. **Labs Now:** Lumbar Puncture
 CSF: Tube #1: cell count
 Tube # 2: protein/glucose/VDRL
 Tube #3: micro; regular C &S, AFB, Fungal,
 Herpes PCR, Enterovirus PCR
 Tube #4: cell count
 Tube #5: if extra keep in fridge

In AM:
 CBC & diff Chem 13 Urine Drug
 Chem 7 Magnesium Screen
 Phosphorous PT/INR PTT
 Procalcitonin CRP ESR
 BNP Other _____

10. Meningitis Medications

- Vancomycin loading dose _____ (25-30mg/kg) given IV x1 now, plus Rocephin 2grams IV x1 now
- Vancomycin _____ (15-20mg/kg) IV q 12 hr plus Rocephin 2grams IV Q 12 hr
- Ampicillin 2 grams IV Q 4 hr
- Acyclovir 10 mg/kg IV Q 8hr
- Dexamethasone _____ mg IV Q _____ hr x3 days
- Consult Pharmacy to dose and monitor vancomycin therapy
- _____

For penetrating trauma, post-neurosurgery or CSF shunt-related meningitis:

- Vancomycin loading dose _____ (25-30mg/kg) given IV x1 now, plus Merrem 2grams IV x1 now followed by
- Vancomycin _____ (15-20mg/kg) IV Q 12 hr plus Merrem 2grams IV Q 8 hr

11. **IV:** Saline Lock IV
 IV _____ @ _____ ml/h

12. Other Medications:

- Zofran 4 mg IV or PO Q 4 hr prn severe nausea
- Colace 100 mg PO BID with 8 ounces of water
- Metamucil 1 packet with water daily BID prn
- Dulcolax 10 mg PR now daily prn
- Other _____
- Nicotine patch _____ mg transderm Q 24 hr
- Tylenol 650 mg q 4 hr PO or PR prn mild pain or temp > 99 (call if temp persists >100)
- Morphine _____ mg IV Q _____ hr prn severe pain
- Fentanyl _____ mcg IV Q _____ hr prn severe pain
- Hydrocodone/APAP _____ mg PO Q _____ hr prn moderate pain
- PCA (see order sheet)
- _____
- Consult Pain Management Service

13. **Vaccines:** Pneumovax IM and seasonal Flu vaccine IM

14. Smoking Cessation counseling if indicated

15. **Imaging:** Now In AM
 CT angiography, brain, with and without contrast
 Other _____

Signature _____

Date _____ Time _____



Patient Identification