

Criteria and Indication for Use

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<input checked="" type="checkbox"/> Exclusion Criteria:	Routine, Clinic Performed, Normal, Do NOT use if patient has osteomyelitis, diabetic foot infections, sepsis, confirmed/suspected bacteremia, necrotizing fasciitis, hemodynamic instability, or any other co-morbidities requiring inpatient admission.
<input checked="" type="checkbox"/> Indication for use:	Routine, Clinic Performed, Normal, Indication for Use: Acute bacterial skin and skin structure infections (ABSSIs) - cellulitis, erysipelas, wound infection, or major cutaneous abscess with a minimum lesion surface area of approximately 75 cm ² .

Lab

Laboratory Orders (STAT if not drawn in past 24 hours)

<input type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences

Nursing

Nursing Orders

<input checked="" type="checkbox"/> Nursing Order	Routine, Clinic Performed, Normal, If infusion-related reactions (itching, urticaria, flushing) occur, consider reducing the rate of infusion. Oritavancin is NOT compatible with normal saline, flush infusion line with D5W ONLY.
<input checked="" type="checkbox"/> Nursing Order	Routine, Clinic Performed, Normal, Observe patient for 30 minutes following infusion for any kind of infusion-related reactions (pruritus, urticaria, flushing) and for signs of hypersensitivity reactions such as fever, chills, dyspnea, rash, hypotension, throat irritation.
<input checked="" type="checkbox"/> Nursing Order	Routine, Clinic Performed, Normal, If hypersensitivity/anaphylaxis occurs, stop infusion and notify physician immediately.

Consult

Case Management Consult

<input type="checkbox"/> Consult Case Management	Routine, Normal, Normal, Complete Patient Assistance Program/Insurance Verification Form and fax to 1.855.886.2482. Please call Orbactiv Support at 1.844.672.2284 for questions.
<input type="checkbox"/> Follow - up Appointment	Provider: On date: Set up appointment for patient to follow-up with Infectious Disease physician in 3 - 5 days.

Medications

Pre-Medications

Infusion-related reactions such as pruritis, urticaria, and flushing may occur.

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) PO or IV	"Or" Linked Panel
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, once, For 1 Doses
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) IV	25 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> acetaminophen (TYLENOL) PO or PR	"Or" Linked Panel
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, once, For 1 Doses
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	650 mg, rectal, once, For 1 Doses

methylPREDNISolone (Solu-MEDROL) injection 40 mg, intravenous, once, For 1 Doses

Oritavancin (Single Response)

Oritavancin (ORBACTIV)

Dextrose 5% Flushes

dextrose 5% flush syringe

10 mL, intravenous, once, For 1 Doses

Flush line immediately BEFORE starting Oritavancin infusion.

dextrose 5% flush syringe

10 mL, intravenous, once, Starting H+3 Hours, For 1 Doses

Flush line immediately AFTER completing Oritavancin infusion.

oritavancin (ORBACTIV) 1,200 mg in
dextrose 5% IVPB

1,200 mg, intravenous, for 3 Hours, once, For 1 Doses

RESTRICTED to Infectious Diseases (ID) specialists. Are you an ID
specialist or ordering on behalf of one?