

DALVANCE[®] (Dalbavancin) INFUSION ORDERS

****REQUIRED INFORMATION****

- ☐ This signed order form from the provider
- ☐ Patient demographics & insurance information
- ☐ **Clinical/Progress Notes, Labs & Tests**

Patient Name:	DOB:
Allergies:	Patient Phone:

Pt. Weight _____ kg

Diagnosis:

☐ _____

DALBAVANCIN ORDERS

Single dose regimen

- ☐ Dalvance 1500 mg in D5W, total volume 300ml
- ☐ Dalvance 1125 mg in D5W, total volume 225ml

Two dose regimen

- ☐ Dalvance 1000 mg in D5W, total volume 200ml.
Followed 1 week later by 500mg in D5W, total volume 100ml.
- ☐ Dalvance 750 mg in D5W, total volume 200ml.
Followed 1 week later by 375mg in D5W, total volume 100ml.

Alternative Dosing

- ☐ Dalvance 1000 mg in D5W, total volume 200ml.
Followed once weekly by 500mg in D5W, total volume 100ml, for 6 weeks.
- ☐ Dalvance 750 mg in D5W, total volume 200ml.
Followed once weekly by 375mg in D5W, total volume 100ml, for 6 weeks.

Sig: Infuse 1 dose over 1 hour via peripheral line. Unless otherwise specified.

Sig: _____

Additional orders: Include anaphylaxis kit with first dose.

Additional Supplies: DSW flushes, needles connector w/ext, angiocath syringes, iv start kit, butterfly needles, alcohol pads, pole, dial-a-flow tubing, gloves, sharps container, & Avagard D

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	