NOTE: NURSE MUST INITIAL EACH INDIVIDUAL ORDER

DATE/ TIME	NURSE INIT.	HUS INIT	*(All orders to be deleted are to be crossed out with a single line and initialed by the physician.)*
NOTE: Inpatient systemic antimicrobial medications must be ordered on a "Physician's Antimicrobial Order Form for Inpatients."			
			1. Patient must be in an Intensive Care Unit to be eligible for this protocol. Desensitization orders require approval from an attending physician. A physician or critical care nurse must be present at all times during desensitization.
			2. Administer PO trimethoprim/sulfamethoxazole doses every 60 min for 6 doses as noted below. Take 6 ounces of water after each dose.

Dose #	Time	Volume (mL) or tablet	Trimethoprim/Sulfamethozale
1	0	1 mL	0.004/ 0.02
2	60 minutes	1 mL	0.04/ 0.2
3	120 minutes	1 mL	0.4/ 2
4	180 minutes	1 mL	4/ 20
5	240 minutes	5 mL	40/ 200
6	300 minutes	1 DS tab	160/ 800

MUST use pharmacy prepared oral solution

			3. Monitoring during desensitization for doses #1-6: Document blood pressure, heart rate, respiratory rate, and temperature every 5 minutes for 15 minutes, and every 10 minutes until the next dose.
			4. Call physician for heart rate increase greater than 10 beats per minute, and any signs of allergic reaction (nausea, chills, hypotension, rash, respiratory distress).
			5. Have the following medications available during desensitization as needed for anaphylaxis:
			a. Diphenhydramine 50 mg IV x 1 PRN
			b. Epinephrine 0.3 mg IV x 1 PRN
			c. Methylprednisolone 125 mg IV x 1 PRN
			6. Thereafter begin regular scheduled dosing of trimethoprim/sulfamethoxazole PO at _____ mg every _____ hours
			Physician's Signature & I.D. Number

PHARMACY ORDERS MUST CONTAIN NAME OF MEDICATION -- DOSE -- STRENGTH ROUTE -- FREQUENCY

Jackson HEALTH SYSTEM
PUBLIC HEALTH TRUST
MIAMI, FLORIDA 33136-1096

AFFIX PATIENT LABEL HERE

Adult Trimethoprim/Sulfamethoxazole Oral Desensitization Order