

## 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:	