

## Outpatient Parenteral Antimicrobial Therapy (OPAT) Administration Chart

**Please NOTE:**

- 1) Prescriptions should be written with dose and preferred infusion type. **The default order is for intermittent infusion unless otherwise specified.**
- 2) Duke Home Infusion can run **ANY** drug on list via **extended infusion** if the order is specifically written for extended infusion. Due to patient convenience, continuous and intermittent infusions are more common than extended infusion. Nursing facilities commonly prefer intermittent infusion when possible.
- 3) Ciprofloxacin, levofloxacin, linezolid, metronidazole, azithromycin, clindamycin, and fluconazole are not typically used for OPAT
- 4) Continuous infusion orders should be written as the total daily dose based on the current intermittent infusion (i.e. 4 g every 24 hours if the patient is receiving 2 g every 12 hours)

Drug	Dosing Method <sup>f</sup>	Common Adult Dose <sup>m,^</sup>	For Meds Delivered by Duke Home Infusion			Recommended Lab Monitoring
			Bags /Day	Delivery Method	Shipping Quantity & Stability	
ANTIBIOTICS						
Amikacin		15 mg/kg IV q24h (60 min infusion)	1	Elastomeric	1 week at a time (stable 9 days)	CBC-diff, trough level, BMP weekly Repeat SCr +/- trough weekly
Ampicillin	Recommended	12 g IV q24h via continuous infusion	1	Curlin Pump	2 bags at a time if local; 1 bag at a time if FedEx (stable 72hr)	CBC-diff and CMP weekly
	Alternate	2 g IV q4h via intermittent (30 min) infusion (consider if discharging to SNF)	6	Mini-bag Plus	1 week at a time (stable 28 days)	
Ampicillin-sulbactam	Recommended	12 g-27 g IV q24h via continuous infusion	1	Curlin Pump	2 bags at a time if local; 1 bag at a time if FedEx (stable 68hr)	CBC-diff and CMP weekly
	Alternate	3 g IV q4-6h via intermittent (30 min) infusion (consider if discharging to SNF)	4	Mini-bag Plus	1 week at a time (stable 28 days)	
Aztreonam <sup>p</sup>	Recommended	6 g IV q24h via continuous infusion (consider if discharging home)	1	Elastomeric	1 week at a time (stable 9 days)	CBC-diff and CMP weekly
	Alternate	2 g IV q8h (60 min infusion) (consider if discharging to SNF)	3	Elastomeric	1 week at time (stable 9 days)	
Aztreonam – avibactam		2 g IV q6h (180 min infusion) (requires complicated reconstitution methods that may be too difficult for the patient to perform)	4	Curlin Pump	1 day at a time (stable 12 hours)	CBC-diff and CMP weekly
Cefazolin <sup>p</sup>	Recommended	6 g IV q24h via continuous infusion (consider if discharging home)	1	Elastomeric	1 week at time (stable 7 days)	CBC-diff and BMP weekly
	Alternate	2 g IV q8h via IV Push (consider if discharging to SNF)	3	IV Push	6 days at time (stable 7 days)	
Cefepime <sup>p</sup>	Recommended	6 g IV q24h via continuous infusion (consider if discharging home)	1	Elastomeric	1 week at a time (stable 9 days)	CBC-diff and BMP weekly
	Alternate	2 g IV q8h (30 min infusion) (consider if discharging to SNF)	3	Elastomeric	1 week at time (stable 9 days)	
Cefiderocol		2 g IV q8h (180 min infusion)	3	Curlin Pump	1 day at a time (stable 24 hours)	CBC-diff and CMP weekly
Cefoxitin	Recommended	8-12 g IV q24h via continuous infusion over 20 hours	1	Curlin Pump	1 week at time (stable 9 days)	CBC-diff and CMP weekly. Cefoxitin falsely elevates SCr on lab assays. Obtain labs during 4 hour off-window.
	Alternate	2 g IV q4-6h via intermittent (60 min) infusion (consider if discharging to SNF)	3	Elastomeric	1 week at a time (stable 9 days)	
Ceftazidime <sup>p</sup>	Recommended	6 g IV q24h via continuous infusion (consider if discharging home)	1	Elastomeric	1 week at time (stable 9 days)	CBC-diff and CMP weekly
	Alternate	2 g IV q8h (30 min infusion) (consider if discharging to SNF)	3	Elastomeric	1 week at a time (stable 9 days)	
Ceftazidime-avibactam		2.5 g IV q8h (120 min infusion)	3	Mini-bag Plus	1 week at time (stable 28 days)	CBC-diff and CMP weekly
Ceftaroline		600 mg IV q8-12h (60 min infusion)	2-3	Mini-bag Plus	1 week at a time (stable 28 days)	CBC-diff and CMP weekly

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ANTIBIOTICS (continued)						
Ceftobiprole		667 mg IV q6h for 8 days, followed by 667 mg IV q8h (120 min infusion) <i>(requires complicated reconstitution methods that may be too difficult for the patient to perform)</i>	3-4	Curlin Pump	1 day at a time (stable 6 hours)	CBC-diff and CMP weekly
Ceftolozane-tazobactam	Recommended	4.5 g – 9 g IV q24h via continuous infusion	1	Elastomeric	1 week at time (stable 10 days)	CBC-diff and CMP weekly
	Alternate	1.5-3 g IV q8h via intermittent (60 min) infusion	3	Mini-bag Plus	1 week at time (stable 28 days)	
Ceftriaxone <sup>p</sup>		1-2 g IV q24h (30 min infusion)	1	Elastomeric	1 week at time (stable 9 days)	CBC-diff and CMP weekly
Daptomycin <sup>p</sup>		6-10 mg/kg IV q24h (IV Push)	1	IV Push	1 week at time (stable 9 days)	CBC-diff, CMP, CPK weekly
Ertapenem		1 g IV q24h (30 min infusion)	1	Mini-bag Plus*	1 week at time (stable 28 days)	CBC-diff and CMP weekly
				Elastomeric	1 week at time (stable 7 days)	
Gentamicin		Variable dosing (60 min infusion)	Varies	Elastomeric	1 week at time (stable 9 days)	CBC-diff, trough level, BMP weekly Repeat SCr +/- trough weekly
Imipenem		1 g IV q12h (30 min infusion) for NTM infections	4	Mini-bag Plus*	1 week at a time (stable 28 days)	CBC-diff and CMP weekly
			2	Elastomeric	2 days at a time (stable 48 hours)	CBC-diff and CMP weekly
Imipenem-Cilastatin-Relebactam		1.25 g IV q6h (30 min infusion) <i>(requires complicated reconstitution methods that may be too difficult for the patient to perform)</i>	4	Curlin Pump	1 day at a time (stable 24 hours)	CBC-diff and CMP weekly
Meropenem	Recommended	6 g IV q24h via continuous infusion <i>(consider if discharging home)</i>	1	Curlin Pump	4-5 days at a time (stable 5 days)	CBC-diff and CMP weekly
	Alternate	1-2 g IV q8h (60 min infusion) <i>(consider if discharging to SNF)</i>	2-4	Mini-bag Plus *	1 week at time (stable 28 days)	
			3	Elastomeric	1 week at time (stable 4-10 days)	
Meropenem-vaborbactam		4 g IV q8h (180 min infusion) <i>(requires complicated reconstitution methods that may be too difficult for the patient to perform)</i>	3	Curlin Pump	1 day at a time (stable 22 hours)	CBC-diff and CMP weekly
Nafcillin	Recommended	12 g IV q24h via continuous infusion	1	Elastomeric	1 week at time (stable 9 days)	CBC-diff and CMP weekly
	Alternate	2 g IV q4h via intermittent (30-60 min) infusion <i>(consider if d/c to SNF &amp; unable to dose continuous infusion)</i>	6	Mini-bag Plus	1 week at time (stable 9 days)	
Penicillin G		18-24 MU IV q24h via continuous infusion	1	Elastomeric	6 days at time (stable 7 days)	CBC-diff and CMP weekly
Omadacycline		100 mg IV q24h (60 min infusion)	1	Elastomeric	1 week at a time (stable 9 days)	CBC-diff and CMP weekly
Piperacillin-tazobactam	Recommended	10.125-13.5 g IV q24h via continuous infusion <sup>¶</sup>	1	Elastomeric	6 days at a time (stable 7 days)	CBC-diff and CMP weekly
	Alternate	3.375 g IV q6h via intermittent (60 min) infusion 4.5 g IV q6h via intermittent (30 min) infusion <i>(consider if d/c to SNF<sup>¶</sup>)</i>	4	Elastomeric	1 week at a time (stable 9 days)	
Sulbactam-durlobactam		2 g IV q6h (180 min infusion) <i>(requires complicated reconstitution methods that may be too difficult for the patient to perform)</i>	4	Curlin Pump	1 day at a time (stable 24 hours)	CBC-diff and CMP weekly
Tigecycline		50 mg IV q12h	2	Mini-bag Plus	1 week at time (stable 15 days)	CBC-diff and CMP weekly
Tobramycin		Variable dosing (60 min infusion)	Varies	Elastomeric	1 week at time (stable 9 days)	CBC-diff, trough level, BMP weekly Repeat SCr +/- trough weekly
Vancomycin	Recommended	Variable dosing administered via intermittent infusion	Varies	Elastomeric	1 week at time (stable 9 days)	CBC-diff, trough level, BMP weekly
	Alternate	Variable dosing administered via continuous infusion <i>Consider if patient requires high frequency dosing (i.e. q6h)</i>	1	Curlin Pump	1 week at time (stable 9 days)	

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ANTIFUNGALS						
Micafungin		100 mg IV q24h (60 min infusion)	1	Elastomeric	1 week at time (stable 9 days)	CBC-diff and CMP weekly
Amphotericin B Liposomal		Variable dosing (weight based) <i>(requires orders for pre-medication fluid boluses and/or flushes; Secure chat OPAT team prior to d/c to ensure proper transition of care)</i>	1	Curlin Pump	1 week at time (stable 10 days)	CBC-diff weekly CMP, Phos, and Mg twice weekly.  <i>Labs should be able to be obtained, processed, and resulted to OPAT team in same day</i>
ANTIVIRALS						
Acyclovir		5-10 mg/kg IV q8h (60 min infusion)	3	Elastomeric	4-5 days at a time (stable 5 days)	CBC-diff and BMP weekly
Foscarnet		Variable dosing (weight based) <i>(requires orders for pre-medication fluid boluses; Secure chat OPAT team prior to d/c for assistance)</i>	Varies	Curlin Pump	1 week at time (stable 10 days)	CBC-diff once weekly BMP, Phos and Mg twice weekly
Ganciclovir		5 mg/kg IV q24h (60 min infusion)	1	Elastomeric	1 week at time (stable 9 days)	CBC-diff and BMP twice weekly

#### KEY

<sup>f</sup>: “Default” method is the method assumed by SNF or home infusion agency unless otherwise specified

<sup>m</sup>: Dose adjustments may be required for renal dysfunction

<sup>^</sup>: Continuous doses are written as the total daily dose

\*: Preferred method

P: Can be given through IV push

¶: Extended infusion piperacillin/tazobactam dosing is not typically recommended for OPAT. Continuous infusion dose can be calculated by adding up the extended infusion total daily dose and infusing over 24 hours. Higher continuous infusion doses of up to 18 g/day may be considered in unique circumstances (e.g. *P. aeruginosa* with MIC > 16), consider consultation with ASET pharmacist. See inpatient to outpatient dosing conversion chart below:

Inpatient Piperacillin/Tazobactam Dose	Recommended OPAT Dose
3.375 g IV every 8 hours via <b>extended (4 hr)</b> infusion	10.125 g IV every 24 hours via continuous infusion
3.375 g IV every 6 hours via <b>intermittent (30 min)</b> infusion	
4.5 g IV every 8 hours via <b>extended (4 hr)</b> infusion	13.5 g IV every 24 hours via continuous infusion
4.5 g IV every 6 hours via <b>intermittent (30 min)</b> infusion	