

**DALVANCE (DALVANCIN)  
ORDER FORM**

**\*\*REQUIRED INFORMATION\*\***

- This order signed by provider
- Patient demographics & insurance information
- Clinical/progress notes, labs, & tests supporting primary diagnosis

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Patient weight:** \_\_\_\_\_ kg

**Diagnosis:**

- \_\_\_\_\_ (ICD-10: \_\_\_\_\_)

**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

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
------------------------	---------------	-------------

<b>Physician Signature:</b>	<b>Date:</b>
-----------------------------	--------------