



NuCara Pharmacy
6111 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923
Fax: 512-524-1801

Patient Name _____

DOB _____ Weight (kg) _____

Allergies _____ Phone _____

Dalvance (Dalbavancin) Infusion Orders

Required Information

Demographics / H&P / Insurance

Supporting documents (clinical notes / lab results / imaging)

Primary Diagnosis

Primary _____ ICD-10 _____

Secondary _____ ICD-10 _____

Single dose

Dalvance 1500 mg in D5W, total volume 300ml

For CrCl < 30ml/min

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

For CrCl < 30ml/min

Dalvance 750 mg in D5W, total volume 200ml

Followed 1 week later by 375mg in D5W, total volume 100ml

Alternative Dosing

Dalvance _____ mg in D5W, total volume _____ ml

Frequency: _____

Infuse over 30 minutes. Obtain / maintain PIV access; remove after infusion unless otherwise specified.
Flush with D5W 10 mls pre and post infusion.

Anaphylaxis orders: Administer per infusion center protocol and notify MD.

Additional Instructions

Prescriber Name _____ Ph _____ Fax _____

Prescriber Signature _____ NPI _____ Date _____