



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

NuCara Infusion Center
6013 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923 x4
Fax: 512-524-1801

Vital Care NuCara Infusion Center
4201 W. Stan Schuleter Loop Unit B
Killeen, TX 76549
Phone: 512-454-9923 x2
Fax: 512-524-1801

Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

Dalvance (Dalbavancin) Infusion Orders

Required Information:

- Signed order from prescribing provider
- Patient demographics including insurance information
- Supporting clinical documentation: Visit notes, lab & imaging results

Primary Diagnosis:

DX: _____ (ICD-10: _____)

Other: _____ (ICD-10: _____)

DALVANCE ORDERS

Single dose regimen

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: _____

Sig: Infuse each dose over 30 mins via peripheral line unless otherwise specified. Flush with D5W before and after administration of Dalvance.

Alt Sig: _____

Additional orders: Include anaphylaxis kit with first dose.

Duration: 1 year or # of Treatments: _____

ADDITIONAL INSTUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

Physician Name: _____ Ph: _____ Fax: _____

Physician Signature: _____ NPI: _____ Date: _____