وزارة الصحة
Ministry of Health

وكالة الخدمات العلاجية

Special Prescribing order form for Ceftazidime/Avibactam

Date: ..... Time: .....

Patient Name: ..... Patient ID number: .....

Requestor Name: ..... Specialty: .....

Hospital Name: ..... Region: .....

Does your organization have Infectious Disease consultant? ☐ Yes ☐ No

Site of infection:

☐ Urinary Tract ☐ Blood ☐ Skin and soft tissue (SSTI)

☐ CNS ☐ Chest ☐ other specify .....

Bacteria isolated:

☐ E.coli ☐ Klebsiella pneumoniae ☐ Proteus

☐ Enterobacter ☐ Citrobacter ☐ Serratia

☐ other specify .....

In order to use Ceftazidime/Avibactam, the isolate should be one of the Enterobacteriaceae

The isolate is Resistant to:

☐ Cephalosporins ☐ Carbapenems ☐ Aminoglycosides

☐ Quinolones ☐ Colistin

In order to use Ceftazidime/avibactam the isolate needs to be resistant to all cephalosporins and carbapenems

If resistant to carbapenems please indicate specify MIC:

Meropenem MIC ..... Ertapenem MIC: .....

Imipenem MIC ..... Ceftazidime`/avibactam MIC .....

Was molecular testing done : ☐ Yes ☐ No Result :Specify: .....

Ceftazidime/Avibactam dose: ☐ g ☐ Route IV Q

Number of days of therapy: .....

eGFR by MDRD: .....

Notes: