



PT NAME _____

MR # _____

**Use Black or Blue Ball Point Pen
All Entries Must Be Dated and Signed**

DATE & TIME	ORDERS
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CIPROFLOXACIN PO DESENSITIZATION

Time from Start (hr)	Dilution #	Ciprofloxacin (mg)
0	1	0.1
0.5	2	0.5
1	3	1
1.5	4	2
2	5	4
2.5	6	8
3	7	16
3.5	8	32
4	9	75
4.5	10	125
5	11	250
5.5	12	
	Adults:	500
	Children:	_____

DESENSITIZATION PROTOCOL (Pharmacy prepares the dilution)
Nursing Orders:

1. Start with dilution #1.
2. Proceed to the subsequent dose as indicated above. There is a delay of 30 minutes after each dose.
3. Exact time each dose is given must be documented electronically.
4. Continue each subsequent dose until finished with all dilutions.
5. Monitor patient overnight.

At the Completion of Desensitization: Check appropriate box as necessary.

Date & Time	<input checked="" type="checkbox"/>	Orders
Continue drug dosing of Ciprofloxacin starting at 06:30 the next day.		
		Adults: 750 mg by mouth every 12 hours
		OR
		_____ mg by mouth every ___ hours
		Children: _____ mg by mouth every ___ hours

Physician Signature: _____ Provider Number: _____