Criteria for Use of Dalbavancin for Acute Bacterial Skin/Soft Tissue Infection (abSSTI)

- 1. Patients meeting any of the following are NOT ELIGIBLE for dalbavancin therapy:
 - a. History of hypersensitivity reaction to lipoglycopeptide antibiotics (vancomycin, televancin, dalbavancin, oritavancin).
 - b. Patients with acute bacterial skin or skin structure infections such as superficial/simple cellulitis/erysipelas, impetiginous lesion, furuncle, or simple abscess that only requires surgical drainage for cure.
 - c. Infection thought to be caused by gram-negative bacteria
 - d. Infection due to an organism suspected or known to be resistant to dalbavancin or vancomycin
- 2. For outpatient use (i.e. ED)
 - a. Contact infectious disease for authorization: ABX approval pager (see ON-CALL schedule)
 - b. The following clinical criteria must be met:
 - i. Pre-antibiotic blood cultures must be drawn.
 - ii. Clinical condition expected to require \geq 24 hours of IV antibiotics must not qualify for oral antibiotic therapy.
 - iii. Presence of cellulitis, major abscess or a wound infection associated with at least 75cm² of erythema highly suspected or known to be caused by gram-positive bacteria.
 - iv. The size of the infection must be clearly documented and/or outlined prior to leaving the ED, preferably with a photograph.
 - v. Patient to be discharged to home ± home health (not to skilled nursing facility).
 - c. Required follow up must be set up prior to leaving the ED:
 - i. Must document patient contact info for follow up, preferably reliable cell phone number.
 - ii. Must have follow up within 48-72H with Dr. Turnipseed (916-765-0196) or Rominski.
 - 1. Email patient name, MRN, and phone number.
 - 2. If unavailable, follow up must be set up with AIMS clinic.
 - iii. Must document follow up with progress note in EMR.
- 3. For inpatient use
 - a. Infectious Disease Consult and authorization only

Dalbavancin Use for Acute Bacterial Skin or Skin Structure Infections (ABSSI)

ED Evaluation for cellulitis or wound infection

≥24h of IV antibiotics
Indicated (not PO candidate)

Candidate for Dalbavancin?

For questions on Dalbavancin, please contact:

1st call: Daniel Lau, PGY-1 Pharmacy Resident, Vocera or page 1906 (8AM – 5PM)

 2^{nd} call: Vocera Infectious Disease Pharmacist or call 34026 (8AM – 5PM)

 $\frac{3^{rd} \text{ call:}}{4^{th}}$ Vocera ED Clinical Pharmacist (7AM – 1AM) 4^{th} Call: Call Central Pharmacy at 34072 (anytime)

Yes

- * I&D performed if needed, further treatment appropriate
- * Cellulitis with approx. 75cm² of erythema highly suspected to be caused by gram positive bacteria
- * Reliable phone number documented in EMR

Obtain approval from antibiotic stewardship from 6AM-10PM (On Call Schedule)

- Contact pharmacy using call list above for dalbavancin preparation
- 2. Obtain 2 pre-abx blood cultures
- Give patient 1500 mg of IV DALVANCE (dalbavancin)
- 4. Outline area of cellulitis
- 5. Obtain photograph and place in EMR
- 6. Provide patient with discharge instructions and return precautions

No

- * Hypersensitivity to vancomycin, televancin, dalbavancin, ortiavancin
- * ABSSI only requiring surgical intervention
- * Suspect gram negative bacteria
- * Organism with suspected or known resistance to dalbavancin or vancomycin
- * Septic shock or sepsis suspected
- * Unable to provide adequate pain control

E-mail the following to Turnipseed and Rominski who will contact patient for f/u*:

- 1. Patient name
- 2. Patient medical record number
- 3. Patient's phone number

*If unavailable, contact AIMS clinic for f/u