

Zosyn Prolonged Infusion Pharmacist Workflow

1. Convert all orders for Zosyn to **4.5gm BOLUS x 1 over 30 minutes, THEN 4.5gm q8h over 4 hours, EXCEPT:**
 - a. Patients in the ED or Procedural areas (e.g. OR)
 - b. Orders for 'one time' doses
 - c. Pediatric patients
 - d. Patients receiving incompatible medications whose schedules can't be altered without placing a line (**Never suggest additional placement of lines as an option**)
2. Converted doses must be adjusted for renal function as follows:

CrCl <20: 4.5 g over 4 hrs Q12h	HD/PD: 4.5 g over 4 hrs Q12h	CRRT: 4.5 g run over 4 hrs Q8h
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***NOTE:** repeat loading doses are unnecessary if already given dose in ED

3. Standard hang times for Zosyn will be at 04:00, 12:00, and 20:00. Adjust subsequent doses as follows

Loading dose 4.5 g IV x 1 over 30 minutes	Maintenance doses 4.5 g IV Q8h over 4 hours		
1 st dose **Rounded to the nearest hour	2 nd dose	3 rd dose	4 th dose
0000-0259	0400	1200	2000
0300-1059	1200	2000	0400
1100-1859	2000	0400	1200
1900-2359	0400	1200	2000

Example: If the first dose is scheduled for 0215 then the 2nd dose will be scheduled for 0400.

4. Check for Y-site incompatibilities before converting and address them as follows:
 - a. If the incompatible med is given by IV push, attempt to convert to the PO/Per Tube/IM route (if applicable). If that is not an option, **keep the Zosyn schedule the same** and have the nurse give the incompatible medication. He/she should stop the Zosyn infusion temporarily, flush the line before and after IV push administration, then resume Zosyn immediately. Use this strategy for the following incompatible IV push meds:

Pantoprazole	Famotidine	Promethazine	Haloperidol
Doxorubicin	Chlorpromazine	Prochlorperazine	Cisatracurium

- b. If the incompatible med is given by IVPB, attempt to convert to PO/Per Tube/IM route (if applicable). If that is not an option, **keep the Zosyn schedule the same** and adjust the schedule of the incompatible medication to accommodate Zosyn administration. Use this strategy for the following incompatible IVPB meds:
****Note: Data has confirmed IV compatibility with Zosyn and Vancomycin. Can be given via Y-site.****

Acyclovir	Azithromycin	Amphotericin B	Nalbuphine	Doxorubicin	Amiodarone
Doxycycline	Gentamicin	Ganciclovir	Tobramycin	Minocycline	

- c. If the incompatible medication is administered by continuous infusion via peripheral line, continuous infusion via central line with no dedicated lumen, or options b and c are not possible, convert back to standard dosing (q6-8h over 30 min). The following are incompatible continuous infusions:

Cisatracurium	Amiodarone	Dobutamine	Pantoprazole	Doxorubicin
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5. If the patient is converted back to standard dosing, remember to adjust for renal dysfunction. The reason for conversion must be documented in the order comments.