FORMULAIRE N° 016 — Service de Pharmacologie clinique – «Antimicrobial agents» — RS

8 4 2 1 | 8 4 2 1 | 8 4 2 1 | 8 4 2 1 | 8 4 2 1 | 8 4 2 1 | 8 4 2 1 | 8 4 2 1

Marquer les cases d'un trait noir:
juste faux

Centre hospitalier universitaire vaudois

Service de Pharmacologie clinique
Service des Maladies Infectieuses
Réception des laboratoires BH 18-100
Rue Bugnon 46, 1011 Lausanne
www.chuv.ch/pcl

Contact:
Laboratoire de Pharmacologie clinique
Tél.: 021 31 **44 271**
Fax: 021 31 **48 098** – **PP439**
Interprétation clinique:
Tél.: 021 31 **42 500**
Heures d'ouverture: lundi – vendredi 08h–17h

Patient

Last name: .....

First name: .....

Gender: .....

Full birth date:

.....

Address:

.....

ZIP/City:

.....

Your reference: .....

Etiquette code barres pour le CHUV

Date and time of sampling (required)

Day: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 / 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Month: 1 2 3 4 5 6 7 8 9 10 11 12

Hour: 0 1 2 3 4 5 6 7 8 9 10 11 / 12 13 14 15 16 17 18 19 20 21 22 23 — Min.: 15 30 45

Invoice to:

Patient Applicant

COPY OF THE RESULTS TO:

Physician name: .....

Address: .....

ZIP/City: .....

DEMANDEUR

Physician name: .....

Address: .....

Phone: ..... Fax: .....

Etiquette déviation ou Etiquette de projet

CLINICAL JUSTIFICATION(S):

- Therapeutic Drug Monitoring
- Infection not responding
- Suspected toxicity
- Suspected drug interactions
- Unclear compliance
- Pregnancy
- Study: .....
- Other reason: .....
- Urgent request (specify reason): .....

INDICATION OF TREATMENT:

- Prophylaxis
- Pre-emptive treatment
- Documented infection
- 1st line treatment
- Salvage therapy
- Follow-up treatment
- Empirical therapy for persistent fever
- Asymptomatic infection (CMV)
- Other (specify): .....

Request for clinical interpretation of drug level measurement

yes (by default) no

CLINICAL DATA:

Organ dysfunction: heart, liver, lung, none, other (specify): .....

Immunosuppression: neutropenia, long-term corticosteroids, other (specify): .....

Graft: heart, liver, kidney, lung, hematopoietic allograft, hematopoietic autograft, other (specify): .....

Renal function: renal insufficiency — serum creatinine: ..... µmol/L; hemodialysis; continuous renal replacement therapy; other (specify): .....

Adverse events: none, hepatic (specify): ....., renal (specify): ....., neurologic (specify): ....., other (specify): .....

Weight: ..... kg Height: ..... cm

For premature baby, gestational age: .....

Co-medications: .....

Important information:
Blood collection:

- Do not collect blood sample from the line used for the infusion of antimicrobial treatment.
- Blood specimens are usually drawn JUST BEFORE the next dose (=trough level) (exception: rifampicin: 2h post-dose) and at steady state conditions (cf. Recommendations: http://www.chuv.ch/pcl/pcl_home/pcl-prestations/pcl-prestations-tdm.htm)
- **Ship without delay** the blood specimens to your centralized hospital laboratory within a maximum of 30 minutes after sampling
- Processing of blood samples: centrifugation at 2000g for 10 minutes and 4°C, freezing of plasma at -80°C (or at least -20°C) within 1h after sampling. If this timing cannot be respected, keep the blood sample at 4°C until centrifugation and freezing (max: 6h after sampling).

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LID

Nom Prénom

1 2 ***Matériel adressé:*** ☐ K-EDTA whole blood (2.6 ml S-Monovette) ☐ *sample received frozen*
(Also accepted: 2.6 ml serum tube (without gel) and 3 ml citrate tube; Neonatology: serum or EDTA-K 0.3 ml Microvette®)

ANTI-INFECTIOUS DOSE AGENT

- Routine TDM is currently recommended **for the antimicrobials voriconazole, cefepime** (underscored) (along with aminoglycosides and vancomycin).
- For the other antimicrobial agents in bold, **TDM interpretation is only recommended in special situations** (i.e. difficulties in dosing adaptation (i.e. renal replacement therapy, dialysis), drug interactions problems, toxicity, drug resistances, etc.)
- For all the other antimicrobial agents of the list, the TDM is not yet advised due to the current lack of clinical evidence supporting concentration measurements interpretation.

ANTIBIOTICS:

Carbapenems:
3 ☐ **Ertapenem**
4 ☐ **Imipenem**
5 ☐ **Meropenem**
6

Cephalosporins:
7 ☐ *Cefazoline*
8 ☐ **Cefepime**
9 ☐ *Ceftaroline*
10 ☐ **Ceftazidime**
11 ☐ *Ceftobiprole*
12 ☐ *Ceftolozane/tazobactam*
13 ☐ **Ceftriaxone**
14 ☐ *Cefuroxime*

Penicillins:
15 ☐ **Amoxicillin**
16 ☐ *Benzylpenicillin*
17 ☐ **Flucloxacillin**
18 ☐ **Piperacillin/tazobactam**

Quinolones:
19 ☐ **Ciprofloxacin**
20 ☐ *Levofloxacin*

Tetracyclines:
21 ☐ *Doxycycline*
☐ *Tygecycline*

Other antibiotics:
☐ *Clindamycin*
☐ **Colistin/Colistimethate**
☐ **Daptomycin**
☐ *Fosfomycin*
☐ *Hydroxychloroquine*
☐ *Linezolid*
☐ *Rifampicin*
☐ *Trimethoprim/sulfamethoxazole*
☐ .....

ANTIFUNGALS

Triazole derivates:
☐ **Fluconazole**
☐ *Isavuconazole*
☐ **Itraconazole / hydroxy-itraconazole**
☐ **Posaconazole**
☐ **Voriconazole** ☐ .....

Echinocandins:
☐ **Anidulafungin**
☐ **Caspofungin** ☐ .....

ANTIVIRALS:

☐ *Aciclovir* ☐ *Valaciclovir*
☐ **Ganciclovir** ☐ **Valganciclovir**
☐ .....

OTHER ANTI-INFECTIOUS AGENTS

☐ .....
☐ .....

INFORMATION ON LAST DOSE ADMINISTRATION (REQUIRED)

Exact date of last dose administration:

22 Day: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20 ☐21 ☐22 ☐23 ☐24 ☐25 ☐26 ☐27 ☐28 ☐29 ☐30 ☐31
23 Month: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

Exact time of last dose administration:

24 Hour: ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20 ☐21 ☐22 ☐23
25 Min.: ☐15 ☐30 ☐45

Date of onset of treatment or last change in drug dose: .....

Dosing schedule:

26 Dose (mg): ☐0.1 ☐0.2 ☐0.3 ☐0.4 ☐0.5 ☐0.6 ☐0.7 ☐0.8 ☐0.9 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐20 ☐30 ☐40 ☐50 ☐60 ☐70 ☐80 ☐90
27 ☐100 ☐200 ☐300 ☐400 ☐500 ☐600 ☐700 ☐800 ☐900 ☐1000 ☐2000 ☐3000 ☐4000 ☐5000 ☐6000 ☐7000 ☐8000 ☐9000
28 Number of dose(s) /24h: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

(example : for a 1500 mg dose, tick the box 1000 and the box 500)

29 Administration route: ☐ oral ☐ i.v. ☐ i.v. continuous infusion Perfusion time: .....

Other dosage: .....

ESSENTIAL INFORMATION FOR THE INTERPRETATION OF THE RESULTS

Bacterial infection:
30 ☐ *clinically* documented (specify): .....
31 ☐ *microbiologically* documented (specify): .....
pathogen(s): .....

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Fungal infection:
33 ☐ Invasive aspergillosis
34 ☐ Invasive candidiasis
35 ☐ Other mycosis (specify): .....

Viral infection:
36 ☐ Cytomegalovirus disease (CMV)
37 ☐ Influenza *Viral subtype identified:* .....
38 ☐ Post-exposure prophylaxis (Influenza)
39 ☐ Other viral infection (specify): .....

40
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Generalities:
Localization of infection (specify): .....

In vitro sensitivity of pathogen to the current treatment:
☐ susceptible ☐ intermediate ☐ resistant

Minimal inhibitory concentration (MIC) of the antibiotic/antifungal agent: ..... mg/L

Inhibitory concentration 50 (IC_{50}) of the antiviral: ..... mg/L

Severity of infection: ☐ sepsis ☐ severe sepsis ☐ septic shock

Response of infection to the antibiotic/antifungal agent or to the antiviral drug: ☐ complete ☐ artial ☐ stable ☐ deterioration