



Therapeutic Drug Level Monitoring Authorization

Patient Name: _____ DOB: _____

Facility: _____

Physician: _____

Drug to be dosed/monitored: _____

If pharmacy is to make dosage recommendations, we will need the following information for proper dosing and care of the patient.

1. Upon initiation of the dose a true trough is to be drawn in the opposite arm of administration, 30 min before the 4th dose.
2. The results of the true trough must be received and reported to the pharmacist IMMEDIATELY by faxing the results over and follow with a call.
3. Any late or missed doses must be reported to the pharmacy immediately.

Type of infection being treated _____

SERUM CREATININE _____ Date _____ WEIGHT _____ Date _____

BUN _____ Date _____ HEIGHT _____ Date _____

If patient had a *true trough in the past, please indicate the levels, date, time and dosage.

*True trough is the level drawn 30 min before the 4th dose with all three prior doses given on time.

Sign below if you and the prescriber have read and agree to the terms for the pharmacy to monitor the vancomycin dose.

Signature and Title: _____ Date: _____

Please see the attached Administration Log that will assist to keep all the needed information in one place. This log can be faxed to AllCare when new information is added, and we will keep the information to refer back to as new doses are calculated.

