

# Dalbavancin Use Criteria for Severe Skin and soft tissue infections in the Emergency Department – NMH ED Only

Potential Candidate Eligibility Criteria:

- Adult ( $\geq 18$  years)
- Cellulitis, wound infection, or abscess highly suspected or known to be caused by Gram-positive bacteria
  - Pathogens including *Staphylococcus aureus*, Coagulase-negative *Staphylococcus*, vancomycin-susceptible *Enterococcus* spp. (avoid use if not susceptible), *Streptococcus* spp.
    - When oral options are inappropriate/unavailable for clinical scenario
  - If pathogen information available, ensure isolate is susceptible to vancomycin prior to administering dalbavancin
- Patient expected to require admission for  $\geq 24$  hours of IV antibiotics if dalbavancin is not administered:
  - **Does not qualify for oral antibiotics** due to previous failure, significant concern for non-adherence, malabsorption, or inability to take PO
  - **Cellulitis: Moderate to large-sized area (generally  $>300\text{cm}^2$ ) associated with at least  $75\text{cm}^2$  of erythema**
  - **Clinical criteria that support severe SSTI & need for admission for IV antibiotics:**
    - **Local signs of SSTI and at least one systemic sign of infection:**
      - Fever (Temp  $> 38$  C)
      - WBC  $> 12\text{k}$
  - Must be able to follow up with reliable contact information documented in EHR
    - Within 48-96 hours post-discharge from ED: PCP (in person or virtual)
    - Consider outreach to Patient Resource Services with ED Pathways to promote more timely outpatient follow-up visit
- Exclusion criteria:
  - Allergy to glycopeptide-related medication (e.g., vancomycin, telavancin, oritavancin, bleomycin)
  - Significantly Immunocompromised: SOT or BMT, prednisone 20 mg or more per day, neutropenia, 2 or more immunosuppressive agents
  - Hemodynamic instability or concern for severe sepsis
  - ABSSSI from or suspected to be associated with: DM foot ulcer, chronic venous stasis ulcer wounds, surgical site infection, decubitus ulcer, infected burns, facial cellulitis, osteomyelitis, bacteremia, concern for necrotizing fasciitis, concern for gram negative infection or mixed infection
  - Small abscess with adequate drainage performed
  - Extensive bilateral erythema
  - Pregnant
  - Moderate to severe hepatic impairment (Child-Pugh Class B or C)
  - Unable to follow up
  - ID consult thought to be needed

## Ordering, Admin, & Follow up instructions for eligible patients

- Photo of SSTI must be uploaded into EHR
- Clinician orders dalbavancin: Reviews and checks off eligibility criteria and lack of exclusion criteria.
- Dosing (administered over 30 minutes):
  - 1500 mg for 1 dose for patients with CrCl  $\geq 30$  or on HD
  - 1125 mg for 1 dose for patients with CrCl  $< 30$  and not on HD
- Pharmacist verification for appropriate indication (severe SSTI only), renal function, and inability to receive oral antibiotics
  - Note: If using for indication other than severe SSTI, ID consult is required prior to use
- Patient to be observed in ED for 30 minutes after infusion completion

- Documentation: Receipt of Dalbavancin Note to be completed by Pharmacist – either ADSP or ED
  - **Use Smart Text Template: ADSPDalbavancinED**
  - Serve as alert to notify prescriber & clinical team if attempting to reorder other Gram-positive agent within 2 weeks of dalbavancin administration to avoid unnecessary, duplicative antibiotic exposure

#### Patient education

- Follow up: PCP appointment scheduled within 48-96 hours for assessment of improvement & facilitation of optimal care transition