

MEDICATION USAGE EVALUATION
MONITORING FORM
Linezolid (Zyvox®)

NAME	AGE	SEX	WT	RM	HX	DATE
MEDICATION-USE PROCESS ELEMENTS			PT. DATA	I	S	PURPOSE
PRESCRIBING A. Indication: 1. Treatment of patients with infections caused by susceptible strains of vancomycin-resistant <i>E. faecium</i> (VRE). 2. Nosocomial pneumonia caused by <i>S. aureus</i> (methicillin-susceptible and -resistant strains), or <i>Strep. pneumoniae</i> (penicillin-susceptible strains only). 3. Complicated skin and skin structure infections caused by <i>S. aureus</i> (methicillin-susceptible and -resistant strains), <i>Strep. pyogenes</i> or <i>Strep. agalactiae</i> . 4. Community acquired pneumonia caused by <i>Strep pneumoniae</i> (penicillin-susceptible strains only) or <i>S. aureus</i> (methicillin-susceptible strains only). 5. Uncomplicated skin and skin structure infections caused by <i>S. aureus</i> , (methicillin-susceptible strains only), or <i>Strep. pyogenes</i> . B. Contraindications: 1. Hypersensitivity to linezolid, or its components. 2. Patients with phenylketonuria (suspension contains phenylalanine.)					100%	Justification for use. Unlabeled Use: <i>Enterococcus faecalis</i> infections Carefully consider alternative therapy prior to utilization of this agent to minimize resistant organisms. Appropriate dose and safety of linezolid has not been established in pediatric population.
DISPENSING A. Initial dose of drug administered within ___ hours. B. Drug-related problem detected during new order screening. C. Usual Adult Dosing due to above pathogens: 1. VRE infections: 600 mg IV/PO q 12h x 14-28 days. 2. Nosocomial pneumonia, complicated skin and skin structure infections, community acquired pneumonia: 600 mg IV/PO q 12h x 10-14 days. 3. Uncomplicated skin and skin structure infections: 400 mg PO q 12h x 10-14 days. D. Do NOT shake reconstituted suspension bottle; invert bottle 3-5 times before using.					100% 100%	Appropriate dispensing. Usual dosage range.
ADMINISTERING A. Incident report generated due to misadministration. B. Patient education performed when required. C. Infuse over 30-120 minutes. D. Do NOT use infusion in series connections.					___% 100%	Medication dose/education is correctly provided. Separate IV line preferred due to potential incompatibilities with other IV agents.
MONITORING A. Adverse Drug Reactions: 1. Pseudomembranous colitis, diarrhea, nausea, vomiting, headache, tongue discoloration, oral/vaginal moniliasis. 2. Thrombocytopenia. 3. Hepatic enzyme elevations, leukopenia reported. B. Drug Interactions: 1. MAOI therefore, interacts with adrenergic (e.g., pseudoephedrine, phenylpropanolamine) and serotonergic (e.g., SSRIs) agents. 2. Tyramine containing foods and beverages. C. Monitoring: 1. Platelets- baseline and periodically after 2 weeks of therapy. 2. Signs/symptoms of infection, signs/symptoms of diarrhea.					___% 0% 100%	Possible ADEs. A2. Reversible, 15% decline in platelet count. B. Avoid concomitant use if possible to avoid adrenergic events (e.g. severe hypertension). C. Assessment for toxicity and efficacy.
OUTCOME A. Signs/symptoms of infection resolved. B. Dosage is adjusted or therapy discontinued in response to adverse effect.					100%	Outcome measure.

Insight Therapeutics® Rev. 7.00

References: Anonymous. Linezolid (Zyvox). Medical Letter 2000;42(1079):45-46.
 Pharmacia & Upjohn. Zyvox Product Literature. Kalamazoo, MI: April 2000.
 AHFS firstFAX. Linezolid. Am J Health-Syst Pharm 2000;57:1018.

Intervention Codes:

1 - Prescription clarification	4 - Laboratory test	7 - Consultation	9 - Patient education
2 - Drug selection	5 - Adverse drug reaction	8 - Drug information provided	10 - Cost reduction change
3 - Therapeutic recommendation	6 - Drug interaction		