



**Mankato Clinic**  
Together we thrive.

ADULT AMBULATORY INFUSION ORDER  
**methylPREDNISolone sodium succinate**  
**(SOLU-MEDROL)**

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Please fax a copy of the following patient information:**     Demographics     Insurance Information     Current Lab Results  
 H & P Relevant to Diagnosis     Last infusion note     Current Medications

**PATIENT INFORMATION**

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs/kg    Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

**PROVIDER INFORMATION**

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_    Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Office Address: \_\_\_\_\_

**Nursing Notes:**

1. Obtain weight on infusion day 1, 3 and 5.
2. Treatment parameters: Hold methylprednisolone and notify MD for potassium less than 3.5 or greater than 5, or for glucose greater than 400.

**LABS**

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic Metabolic Panel | <input type="checkbox"/> First Infusion | <input type="checkbox"/> Post Therapy Day 3 and 5 | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> Urine HCG             | <input type="checkbox"/> First Infusion |   | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> CBC with differential | <input type="checkbox"/> First Infusion |   | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> No labs needed        |   |   |                                       |

**methyIPREDNISolone sodium succinate (SOLU-MEDROL):**

- 500 mg in 100 mLs of D5W, intravenous, ONCE, over 60 minutes
- 1000 mg in 100 mLs of D5W, intravenous, ONCE, over 60 minutes
- \_\_\_\_\_ mg, intravenous, ONCE
  - *Doses 125 mg and less will be IV push*
  - *Doses 126-499 mg will be in D5W over 15 minutes*

**Interval: (must check one)**

- Once
- Once daily x \_\_\_\_\_ doses
- Every \_\_\_\_\_ days x \_\_\_\_\_ doses
- Every \_\_\_\_\_ weeks x \_\_\_\_\_ doses
- Every month x \_\_\_\_\_ doses