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| ADULT AMBULATORY INFUSION ORDER  **valproate sodium (Depacon)** | **NAME:**  **BIRTHDATE:**  *Affix Patient Identification Label Here* |
| **ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (**  **) TO BE ACTIVE.** | |

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

Patient Information

Provider Information

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

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

ICD-10: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_\_

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

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Medications:

Pre-medications:

Diphenhydramine: □ PO □ IV □ 25 mg □ 50mg

Ondansetron (Zofran): □ IV □ 4 mg □ may repeat dose x 1 if needed for a total of 8 mg.

Ketorolac (Toradol): □ IV □ 30 mg

Other: □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No Pre-Medications

Wait Time after Pre Medications:

□ 15 minutes □ 30 minutes □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No wait time

MC2714 (07/22)

Labs:

□ Urine HCG □ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_

□ No labs needed

**valproate sodium (Depacon) IV Dosing:**

**Administer: Mix 1000 mg of Depacon IV with 10 mL of D5W and administer IV Push over 3-4 minutes.**

**IV Fluid Orders:**

**□ 0.9% Sodium Chloride: □ 250 mL □ 500 mL □ 1000 mL**

**□ Give over \_\_\_\_\_\_\_ hours**

**□ Give as bolus**

**□ 5% Dextrose: □ 250 mL □ 500 mL □ 1000 mL**

**□ Give over \_\_\_\_\_\_\_ hours**

**□ Give as bolus.**