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

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

Provider Information

\***Please fax a copy of the** □Demographics □ Insurance Information □ Current Lab Results

**following patient information**: □ H & P Relevant to Diagnosis □ Last infusion note □ Current Medications

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

Patient Information

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

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

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

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

Nursing Notes:

1. Obtain weight on infusion day 1, 3 and 5.

labs

□ Basic Metabolic Panel □ First Infusion □ Post Therapy Day 3 and 5 □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Urine HCG □ First Infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ CBC with differential □ First Infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No labs needed

**methylPREDNISolone 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