Oregon Health & Science University Hospital and Clinics Provider's Orders

PO7071

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.

Weight: _____kg **Height:** _____cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ **Patient to follow up with provider on date:** _____

****This plan will expire after 365 days at which time a new order will need to be placed****

LABS:

- ☐ Labs already drawn. Date: _____
- ☐ Basic Metabolic Set, Routine, ONCE, prior to therapy
- ☐ Basic Metabolic Set, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – *Circle One*

NURSING ORDERS:

1. TREATMENT PARAMETERS – if labs are ordered:
   Assess serum potassium. If potassium is 3-3.5 mmol/L order potassium chloride 40 mEq tablet by mouth once, then proceed with treatment. HOLD treatment and notify provider if potassium < 3 mmol/L. Notify provider if glucose is greater than 400 mg/dL. Okay to proceed with treatment.
2. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

MEDICATIONS: ***(must check one)***

methylPREDNISolone sodium succinate (SOLU-MEDROL)

- ☐ 500 mg in sodium chloride 0.9%, intravenous, ONCE, over 30 minutes
- ☐ 1000 mg in sodium chloride 0.9%, intravenous, ONCE, over 60 minutes
- ☐ _____ mg, intravenous, ONCE
  - *Doses 125 mg and less will be IV push*
  - *Doses 126-499 mg will be in* sodium chloride *0.9% over 15 minutes*

Interval: ***(must check one)***

- ☐ Once
- ☐ Once daily x ____ doses
- ☐ Every _____ days x ____ doses
- ☐ Every _____ weeks x ____ doses
- ☐ Every month x ____ doses

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HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

By signing below, I represent the following:
I am responsible for the care of the patient (*who is identified at the top of this form*);
I hold an active, unrestricted license to practice medicine in: ☐ Oregon ☐ _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

INFUSION REFERRAL TEAM Phone (providers only) (971) 262-9645 Fax completed orders to (503) 346-8058 *Infusion orders located at:* *www.ohsuknight.com/infusionorders*	☑ **Please indicate the patient's preferred clinic location below**	
	☐ **BEAVERTON** OHSU Knight Cancer Institute	15700 SW Greystone Court Beaverton OR 97006
	☐ **NW PORTLAND** Legacy Good Samaritan campus	Medical Office Building 3 – Suite 150 1130 NW 22nd Ave, Portland OR 97210
	☐ **GRESHAM** **Legacy Mount Hood campus**	Medical Office Building 3 – Suite 140 24988 SE Stark, Gresham OR 97030
	☐ **TUALATIN** **Legacy Meridian Park campus**	Medical Office Building 2 – Suite 140 19260 SW 65th Ave, Tualatin OR 97062