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| **Infusion Therapy Physician Orders**  | **Name:** |  |
|  **DOB:**  |  |
| **DR.** |  |
|  **FHCP#** |  |
|  |  |
| ORDER DATE:  |  |
| HIGH RISK/ **DO NOT USE ABBREVIEATIONS**: U, IU, MS, MSO4, mGs04, QD, QODALWAYS WRITE OUT INTENDED MEANING AND USE METRIC. DO NOT USE A ZERO AFTER A DECIMAL, ALWAYS USE A ZERO BEFORE A DECIMAL. |
| Allergies:  |  |  |
| Patient’s Weight:  |  | Diagnosis: |  |
| Patient’s Height: |  | Diagnosis Code: |  |
| **Administer Medications:**[ ]  1. Drug and Dose:  |
| Route: |  |
| Frequency:  |  |
| [ ]  2. Drug and Dose:  |
| Route: |  |
| Frequency:  |  |
| [ ]  Labs as ordered:  |  |
| **[ ]** Venous access:  | [ ]  Peripheral [ ] PICC Line [ ]  Implanted Port [ ] Tunneled Catheter  |
| [ ]  Other:  |  |
| [ ]  May keep peripheral site for duration of therapy. [ ]  **Anaphylaxis/Reaction orders:*** Stop Infusion.
* Keep IV line open with 0.9% sodium chloride.
* Notify physician.
* Monitor vital signs every 15 minutes until symptoms resolve.
* Check Oxygen saturation: Oxygen at 2 L/min. via nasal cannula **if less than 90%** or clinical signs of respiratory distress.
* Administer diphenhydramine (Benadryl) 25 mg IV. May repeat once, if necessary.
* Solu-Cortef 100 mg IVP over 30-60 seconds.
* Epinephrine (1 mg/1 ml) 0.3 mg subcutaneously or IM with any signs for respiratory distress.
* Check with physician for new and additional pre-med orders if patient is re-challenged or re-treated.

**[ ]** May remove PICC line when treatment complete, after confirming with physician. **[ ]** If the patient is admitted to the hospital, the ED, or transferred via EVAC, complete the transfer form including medication reconciliation order sheet.  |
| Physician Signature: |  | Date: |  |
| Telephone Number: |  | Fax Number: |  |