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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, QOD  ALWAYS 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: | | |  |