



**Florida
Health Care
Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association

Name: _____
DOB: _____
DR. _____
FHCP# _____

Infusion Therapy Physician Orders

ORDER DATE: _____

HIGH RISK/ **DO NOT USE ABBREVIATIONS:** 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: _____