CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

SJH BONE MODIFYING AGENT PAMIDRONATE (AREDIA)

version 5/7/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (150 MIN)**			
☑	Infusion Appointment Request	Every 28 days	S	6 treatments

Appointment Request (continued)

		Interval	Defer Until	Duration

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 150 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION CR CL LESS THAN OR EQUAL TO 1.5**			
☑	Nursing Communication	Every 28 days	S	6 treatments

Give Aredia only if Creatinine is less than or equal to 1.5.
May draw IStat BMP as needed.

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel			

No details available for preview
Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link

☐	Oncology Basic Metabolic Panel			

No details available for preview
Selection Condition: Lab location - SJH Oncology - Bob-O-Link

☐	Hepatic function panel			

No details available for preview
Selection Condition: Lab location - SJH Oncology - Blazer

Flush Line

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 50 ML/HR - KVO**			
☑	sodium chloride 0.9% (NS) bolus	Every 28 days	S	Until discont'd

500 mL, intravenous, As needed, For primary line., Starting at treatment start time, Until Discontinued
Infuse at 50 ml/hr for the duration of treatment. May increase or decrease rate as needed.

Flush Line (continued)

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY PAMIDRONATE (AREDIA) 90 MG**			
☑	pamidronate (AREDIA) injection 90 mg	Every 28 days	S	6 treatments

90 mg, intravenous, Once, Starting when released
Irritant - avoid extravasation. Do NOT mix with calcium solutions.

Hold in patients with an increase of SCr of 0.5mg/dL over normal baseline or with an increase of SCr of 1.0mg/dL in patients with an abnormal SCr at baseline. Pamidronate should be withheld until renal function returns to within 10% of baseline.

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS THERAPY PLAN**			
☑	IV/CVAD Line Care	PRN	S	Until discont'd

Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.

☑	Deaccess/Discontinue CVAD	PRN	S	Until discont'd

No details available for preview

☑	Oxygen Therapy -	PRN	S	Until discont'd

Clinic Performed, Status: Future, Expected: S, Expires: S+396
Start for any grade of reaction.
O2 Delivery Method: Nasal cannula
Titrate to saturation of: 92%
Indications of O2: Other (see comments)

☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd

1,000 mL, intravenous, at 500 mL/hr, Once as needed, Hypersensitivity reaction, Starting when released
Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100.

Start for any grade of reaction.

☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd

50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released
Start for any grade of reaction.

☑	famotidine (PEPCID) injection 20 mg	PRN	S	Until discont'd

		Interval	Defer Until	Duration
	20 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	dexamethasone (DECADRON) injection	PRN	S	Until discont'd
	10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms			
☑	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	Until discont'd
	0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released Do NOT administer via direct IV injection without dilution. Give for Grade III - SEVERE/Anaphylaxis Symptoms.			