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 CEFAZOLIN (ANCEF)

version 5/7/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (30 MIN)**			
☑	Infusion Appointment Request			

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Appointment Request (continued)

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
	☐ CBC with Automated Diff No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
	☐ CBC Auto Diff 3 Parts No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			
☑	**SJH ONCBCN LAB CMP (OR BMP/HF) W/ 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 - Blazer			
	☐ Hepatic function panel No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
☐	**SJH ONCBCN LAB BMP (OR ONC BMP) LOCATION SPECIFIC RULE**			
	☐ Basic 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			
☐	**SJH ONCBCN LAB PHOSPHATE SERUM**			
	☐ Phosphorus No details available for preview			
☐	**SJH ONCBCN LAB MAGNESIUM**			
	☐ Magnesium No details available for preview			

Labs (continued)

		Interval	Defer Until	Duration
☐	**SJH ONCBCN LAB URINALYSIS W/ MICROSCOPIC + REFLEX TO CULTURE**			
	☐ Urinalysis, Reflex Microscopic and Culture If Indicated			
	No details available for preview			
☐	**SJH ONCBCN LAB UA W/O MICRO**			
	☐ Urinalysis without Microscopic			
	No details available for preview			
☐	**SJH ONCBCN LAB HEPATIC FUNCTION PANEL**			
	☐ Hepatic function panel			
	No details available for preview			
☐	**SJH ONCBCN LAB LDH**			
	☐ Lactate dehydrogenase (LDH)			
	No details available for preview			
☐	**SJH ONCBCN LAB PT/INR/ APTT**			
	☐ PT/INR, PTT			
	No details available for preview			

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION CATHETER**			
	☑ Nursing Communication	Every visit	S	Until discont'd
	Establish and/or maintain central venous catheter. Dressing changes weekly and PRN. Biopatch dressing PRN. May obtain blood from IV access for labs. May administer Cath-Flo (Activase) 2 mg for blood return.			

KVO Fluids

		Interval	Defer Until	Duration
☑	**SJH ONCBCN OP KVO**			
	◉ sodium chloride 0.9% (NS) infusion	Every visit	S	Until discont'd
	250 mL, intravenous, at 30 mL/hr, Once, Starting when released KVO			
	◎ dextrose 5% (D5W) infusion	Every visit	S	Until discont'd

KVO Fluids (continued)

	Interval	Defer Until	Duration

250 mL, intravenous, at 30 mL/hr, Once, Starting when released
KVO

Medications

	Interval	Defer Until	Duration

☑ **SJH ONCBCN THERAPY CEFAZOLIN 1 GM**

☑ ceFAZolin (ANCEF) injection 1 g

1 g, intravenous, Once, Starting when released

☐ ceFAZolin (ANCEF) injection 2 g

2 g, intravenous, Once, Starting when released

Emergency Medications

	Interval	Defer Until	Duration

☐ **SJH ONCBCN HYPERSENSITIVITY MEDS**

☐ 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

No details available for preview

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

1,000 mL, intravenous, at 500 mL/hr, Continuous PRN, Hypersensitivity reaction to chemotherapy, Starting when released, Until Discontinued
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 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.			