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 NEURO CYCLOPHOSPHAMIDE (CYTOXAN)

version 5/22/2023

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (300 MIN)**			
☑	Infusion Appointment Request	Every 4 weeks	S	Until discont'd

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 300 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Treatment Parameters

		Interval	Defer Until	Duration
☑	**SJH ONCBCN TREATMENT PARAMETERS**			
☑	Nursing communication	Every visit	S	Until discont'd

No details available for preview

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION NEURO STANDARD**			
☑	Nursing Communication	Every visit	S	Until discont'd

Obtain baseline vital signs pre-infusion, one hour into infusion and post infusion. Assess for any signs or symptoms of adverse reaction. Slow infusion rate if needed. Implement infusion reaction management standing orders if patient develops reaction. Apply telemetry if condition warrants. Notify provider for any adverse reactions.

☑	Nursing Communication	Every visit	S	Until discont'd

For questions during office hours, contact provider's office number. Contact cell phone of provider for signs and symptoms of allergic reaction.

☑	**SJH ONCBCN NURSING COMMUNICATION NEURO POST INFUSION OBSERVATION AND DISCHARGE**			
☑	Nursing Communication	Every visit	S	Until discont'd

Observe patient one hour post infusion. Discharge patient to home after discontinuing the peripheral/port IV when infusion observation completed.

Pre-Hydration

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYDRATION D5 1/2 NS 800 ML AND NORMAL SALINE 800 ML**			
◉	dextrose 5%-sodium chloride 0.45% (D5-1/2NS) bolus 800 mL	Every visit	S	Until discont'd

800 mL, intravenous, Once, Starting when released
Administer 800 mL over 1 hour.

◎	sodium chloride 0.9% (NS) infusion	Every visit	S	Until discont'd

800 mL, intravenous, at 800 mL/hr, Once, Starting when released
Administer 800 mL over 1 hour.

Pre-Hydration (continued)

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED OND 8 MG / METHYL 250 MG INFUSION**			
☑	ondansetron (ZOFRAN) injection 8 mg	Every visit	S	Until discont'd
	8 mg, intravenous, Once, Starting when released			
☑	methylPREDNISolone (SOLU-MEDROL) injection 250 mg	Every visit	S	Until discont'd
	250 mg, intravenous, Once, Starting when released Administer over 60 minutes.			

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN CHEMO CYCLOPHOSPHAMIDE (CYTOXAN) 1000 MG/M2**			
◉	cyclophosphamide (CYTOXAN) 1,000 mg/m2 in sodium chloride 0.9% (NS) 250 mL chemo infusion	Every 4 weeks	S	Until discont'd
	1,000 mg/m2, intravenous, Once, Starting when released * Cytotoxic Agent Precautions *			
◎	cyclophosphamide (CYTOXAN) 1,200 mg/m2 in sodium chloride 0.9% (NS) 250 mL chemo infusion	Every 4 weeks	S	Until discont'd
	1,200 mg/m2, intravenous, Once, Starting 60 minutes after treatment start time * Cytotoxic Agent Precautions *			

Post-Hydration

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NEURO POSTHYDRATION CYTOXAN**			
◉	dextrose 5%-sodium chloride 0.45% (D5-1/2NS) bolus 200 mL	Every visit	S	Until discont'd
	200 mL, intravenous, Once Administer 200 mL over 15 minutes.			
◎	sodium chloride 0.9% (NS) infusion	Every visit	S	Until discont'd
	200 mL, intravenous, at 800 mL/hr, Once, Starting when released Administer 200 mL over 15 minutes.			

Post-Hydration (continued)

Hypersensitivity 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.			
☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd
	Start for any grade of reaction. 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
	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.			