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 ELECTROLYTE REPLACEMENT

version 5/7/2024

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB MAGNESIUM**			
☑	Magnesium			
	No details available for preview			
☑	**SJH ONCBCN LAB POTASSIUM**			

Labs (continued)

		Interval	Defer Until	Duration
☑	Potassium			

No details available for preview

Treatment Parameters

		Interval	Defer Until	Duration
☑	**Treatment Parameters**			
☑	Treatment Parameters	PRN	S	Until discont'd

No details available for preview

☐	Ok to Treat	PRN	S	Until discont'd

No details available for preview

Nursing Communication

		Interval	Defer Until	Duration
☑	**Electrolyte Replacement**			
☑	Nursing Communication	PRN	S	Until discont'd

No details available for preview

Medications

		Interval	Defer Until	Duration
☑	**Magnesium 1-1.7 mg/dL**			
☑	magnesium injection 2 g	PRN	S	Until discont'd

2 g, intravenous, Once, Starting at treatment start time

☑	magnesium oxide 400 mg magnesium Tab	PRN	S	Until discont'd

400 mg
Start 8 hours after initial dose
2 times daily, oral, Disp-30 tablet, R-0, Normal

☑	**Potassium 3 – 3.3 mmol/L**			
☑	potassium chloride SA (K-DUR,KLOR-CON-M) CR tablet 60 mEq	PRN	S	Until discont'd

Medications (continued)

	Interval	Defer Until	Duration
60 mEq, oral, Once, Starting at treatment start time DO NOT CRUSH THIS DOSAGE FORM GIVE in INFUSION CENTER			

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.			
☑	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
	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

	Interval	Defer Until	Duration

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.