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 GENTAMICIN (GARAMYCIN)

version 5/7/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (60 MIN)**			
☑	Infusion Appointment Request			

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 60 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 GENTAMICIN LEVEL, PEAK**			
	☑ Gentamicin level, peak No details available for preview			
☑	**SJH ONCBCN LAB GENTAMICIN LEVEL, TROUGH**			
	☑ Gentamicin level, trough No details available for preview			
☑	**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			

Labs (continued)

		Interval	Defer Until	Duration
☐	**SJH ONCBCN LAB PHOSPHATE SERUM**			
☐	Phosphorus			
	No details available for preview			
☐	**SJH ONCBCN LAB MAGNESIUM**			
☐	Magnesium			
	No details available for preview			
☐	**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
	250 mL, intravenous, at 30 mL/hr, Once, Starting when released KVO			

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY GENTAMICIN 3 MG/KG IVPB**			
☑	gentamicin (GARAMYCIN) 3 mg/kg in sodium chloride 0.9% (NS) 100 mL IVPB (SLEH)			
	3 mg/kg, 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

		Interval	Defer Until	Duration
	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.			