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 RHEUM IVIG

version 4/11/2023

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (300 MIN)**			

Appointment Request (continued)

		Interval	Defer Until	Duration
☑	Infusion Appointment Request	Every 4 weeks, at least 28 days apart	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

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
☐	CBC with Automated Diff	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
☐	CBC Auto Diff 3 Parts	Every 4 weeks, at least 28 days apart	S	Until discont'd
	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	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
☐	Oncology Basic Metabolic Panel	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			
☐	Hepatic function panel	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			

Labs (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB BMP (OR ONC BMP) LOCATION SPECIFIC RULE**			
	☐ Basic Metabolic Panel	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
	☐ Oncology Basic Metabolic Panel	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
☑	**SJH ONCBCN LAB PHOSPHATE SERUM**			
	☑ Phosphorus	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview			
☑	**SJH ONCBCN LAB MAGNESIUM**			
	☑ Magnesium	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview			
☑	**SJH ONCBCN LAB URINALYSIS W/ MICROSCOPIC + REFLEX TO CULTURE**			
	☑ Urinalysis, Reflex Microscopic and Culture If Indicated	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview			
☑	**SJH ONCBCN LAB UA W/O MICRO**			
	☑ Urinalysis without Microscopic	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview			
☑	**SJH ONCBCN LAB HEPATIC FUNCTION PANEL**			
	☑ Hepatic function panel	Every 4 weeks, at least 28 days apart	S	Until discont'd

Labs (continued)

		Interval	Defer Until	Duration
	No details available for preview			
☑	**SJH ONCBCN LAB LDH**			
☑	Lactate dehydrogenase (LDH)	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview			
☑	**SJH ONCBCN LAB PT/INR/ APTT**			
☑	PT/INR, PTT	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview			
☑	**SJH ONCBCN LAB CREATININE PHOSPHOKINASE (CPK)**			
☑	Creatine Kinase Isoenzymes(SENDOUT)	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview			
☑	**SJH ONCBCN LAB IGG SUBCLASSES PANEL (SENDOUT)**			
☑	Immunoglobulin G Subclass 4	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview			
☑	Immunoglobulin G Subclass 4(SENDOUT)	Every 4 weeks, at least 28 days apart	S	Until discont'd
	No details available for preview			

KVO Fluids

		Interval	Defer Until	Duration
☑	**SJH ONCBCN OP KVO**			
◉	sodium chloride 0.9% (NS) infusion	Every 4 weeks, at least 28 days apart	S	Until discont'd

KVO Fluids (continued)

		Interval	Defer Until	Duration
	250 mL, intravenous, at 30 mL/hr, Once, Starting when released KVO			
◎	dextrose 5% (D5W) infusion	Every 4 weeks, at least 28 days apart	S	Until discont'd
	250 mL, intravenous, at 30 mL/hr, Once, Starting when released KVO			

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED (APAP 650 PO / CETRIZINE 10 PO / DIPH 25 PO/IVP)**			
☑	acetaminophen (TYLENOL) tablet 650 mg	Every 4 weeks, at least 28 days apart	S	Until discont'd
	650 mg, oral, Once, Starting at treatment start time Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours. Premed 30-60 minutes before each dose.			
☐	cetirizine (ZyrTEC) tablet 10 mg	Every 4 weeks, at least 28 days apart	S	Until discont'd
	10 mg, oral, Once, Starting when released			
☑	diphenhydrAMINE (BENADRYL) tablet/capsule 25 mg	Every 4 weeks, at least 28 days apart	S	Until discont'd
	25 mg, oral, Once, Starting when released Pharmacists to reduce dose to 12.5 mg regardless of route in patients 65 years and older. EXCEPTION: Patients on chemotherapy, receiving transfusion or allergic reaction treatment.			
☐	diphenhydrAMINE (BENADRYL) injection 25 mg	Every 4 weeks, at least 28 days apart	S	Until discont'd
	25 mg, intravenous, Once, Starting at treatment start time Premed 30-60 minutes before each dose. Administer over 15 minutes			

Medications

Medications (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY IMMUNE GLOBULIN NO DOSE (30 MN OFFSET)**			
◎	immune globulin (human) (PRIVIGEN) 10% infusion	Every 4 weeks, at least 28 days apart	S	Until discont'd

intravenous, Once, Starting 30 minutes after treatment start time

Initiate at 25 mL/hr x 30 minutes. If well tolerated, increase to 50 mL/hr x 30 minutes, then infuse remainder of dose over 4 hours; unless otherwise instructed by prescriber.
Monitor vital signs and for adverse reactions 30 minutes after the start of the infusion and after every rate increase.

Infusion should be stopped immediately and physician contacted for the following:

- Fall in systolic blood pressure to less than 90 mm Hg
- Shortness of breath, dyspnea, respiratory distress
- Urticaria, edema of eyelids, lips, or tongue
- Chest tightness, tachycardia (heart rate more than 25% over baseline)

◎	immune globulin (human) (GAMMAGARD) 5 gram injection	Every 4 weeks, at least 28 days apart	S	Until discont'd

intravenous, Once, Starting 30 minutes after treatment start time

Initiate at 25 mL/hr x 30 minutes. If well tolerated, increase to 50 mL/hr x 30 minutes, then infuse remainder of dose over 4 hours; unless otherwise instructed by prescriber.
Monitor vital signs and for adverse reactions 30 minutes after the start of the infusion and after every rate increase.

Infusion should be stopped immediately and physician contacted for the following:

- Fall in systolic blood pressure to less than 90 mm Hg
- Shortness of breath, dyspnea, respiratory distress
- Urticaria, edema of eyelids, lips, or tongue
- Chest tightness, tachycardia (heart rate more than 25% over baseline)

◎	immune globulin (human) (GAMUNEX-C) injection	Every 4 weeks, at least 28 days apart	S	Until discont'd

intravenous, Once, Starting 30 minutes after treatment start time

Initiate at 25 mL/hr x 30 minutes. If well tolerated, increase to 50 mL/hr x 30 minutes, then infuse remainder of dose over 4 hours; unless otherwise instructed by prescriber.
Monitor vital signs and for adverse reactions 30 minutes after the start of the infusion and after every rate increase.

Infusion should be stopped immediately and physician contacted for the following:

- Fall in systolic blood pressure to less than 90 mm Hg
- Shortness of breath, dyspnea, respiratory distress
- Urticaria, edema of eyelids, lips, or tongue
- Chest tightness, tachycardia (heart rate more than 25% over baseline)

Emergency Medications

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

		Interval	Defer Until	Duration
	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
	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.			