

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 ERTAPENEM (INVANZ) IV

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 CREATININE SERUM			
☒ Creatinine			
No details available for preview			
☒ SJH ONCBCN LAB CBC W/PLT COUNT AUTO DIFF (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 HEPATIC FUNCTION PANEL			
☒ Hepatic function panel			
No details available for preview			

Nursing Communication

	Interval	Defer Until	Duration
☒ SJH ONCBCN NURSING COMMUNICATION CATHETER			
☒ Nursing Communication	Every visit	S	Until discontin'td
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 discontin'td
250 mL, intravenous, at 30 mL/hr, Once, Starting when released KVO			
☒ dextrose 5% (D5W) infusion	Every visit	S	Until discontin'td

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 ERTAPENEM 1GM IV			
☒ ertapenem (INVANZ) injection 1 g			
1 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
20 mg, intravenous, Once as needed, Hypersensitivity reaction Start for any grade of reaction.			
☒ dexamethasone (DECADRON) injection	PRN	S	Until discont'd

	Interval	Defer Until	Duration
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.			