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 LEVOFLOXACIN (LEVAQUIN)

version 5/7/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (180 MIN)**			
☑	Infusion Appointment Request			

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 180 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			
	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 SEDIMENTATION RATE**			
	☑ Sedimentation rate			
	No details available for preview			
☑	**SJH ONCBCN LAB C-REACTIVE PROTEIN**			
	☑ C-Reactive Protein			
	No details available for preview			

KVO Fluids

		Interval	Defer Until	Duration
☑	**SJH ONCBCN OP KVO**			
	◉ sodium chloride 0.9% (NS) infusion	Every visit	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 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 LEVOFLOXACIN / ADMIN 90 MIN**			
☑	levoFLOXacin (LEVAQUIN) injection			
	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

		Interval	Defer Until	Duration
	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.			