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 LEUPROLIDE (LUPRON) EVERY 3 MONTHS

version 12/22/2022

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN CHEMO THERAPY INFUSION APPOINTMENT REQUEST**			
☑	Infusion Appointment Request	Every 84 days	S	Until discont'd

Appointment Request (continued)

	Interval	Defer Until	Duration

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 0 days before or at most 0 days after

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY LEUPROLIDE (LUPRON)**			
☑	leuprolide (LUPRON) injection 11.25 mg	Every 84 days	S	Until discont'd

11.25 mg, intraMUSCULAR, Once

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.			