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 ZOLEDRONIC ACID (RECLAST)

version 2/7/2022

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (120 MIN)**			
☑	Infusion Appointment Request	Every 365 days	S	Until discont'd

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CMP (OR BMP/HF) W/ LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel	Every 365 days	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 365 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			
☐	Hepatic function panel	Every 365 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			

KVO Fluids

		Interval	Defer Until	Duration
☑	**SJH ONCBCN OP KVO**			
◉	sodium chloride 0.9% (NS) infusion	Every 365 days	S	Until discont'd
	250 mL, intravenous, at 30 mL/hr, Once, Starting when released KVO			
◎	dextrose 5% (D5W) infusion	Every 365 days	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 ACETAMINOPHEN 325 MG**			
☑	acetaminophen (TYLENOL) tablet 325 mg	Every 365 days	S	Until discont'd

Pre-Medications (continued)

		Interval	Defer Until	Duration
	325 mg, oral, Once, Starting when released Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours			
☑	**SJH ONCBCN PREMED DIPHENHYDRAMINE 25 MG PO**			
☑	diphenhydrAMINE (BENADRYL) tablet/capsule 25 mg	Every 365 days	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.			

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY RHEUM ZOLEDRONIC ACID (RECLAST) 5 MG (30 MIN OFFSET)**			
☑	zoledronic acid-mannitoL-water (RECLAST) IVPB 5 mg	Every 356 days	S	Until discont'd
	5 mg, intravenous, Once, Starting 30 minutes after treatment start time Intravenous infusion should be followed by 10 mL normal saline flush of the intravenous line.			

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.			