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 CEFTRIAXONE (ROCEPHIN)

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 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 BMP (OR ONC BMP) LOCATION SPECIFIC RULE**			
	☐ Basic 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 - Bob-O-Link			
☐	**SJH ONCBCN LAB PHOSPHATE SERUM**			
	☐ Phosphorus No details available for preview			
☐	**SJH ONCBCN LAB MAGNESIUM**			
	☐ Magnesium No details available for preview			

Labs (continued)

		Interval	Defer Until	Duration
☐	**SJH ONCBCN LAB URINALYSIS W/ MICROSCOPIC + REFLEX TO CULTURE**			
	☐ Urinalysis, Reflex Microscopic and Culture If Indicated			
	No details available for preview			
☐	**SJH ONCBCN LAB UA W/O MICRO**			
	☐ Urinalysis without Microscopic			
	No details available for preview			
☐	**SJH ONCBCN LAB HEPATIC FUNCTION PANEL**			
	☐ Hepatic function panel			
	No details available for preview			
☐	**SJH ONCBCN LAB LDH**			
	☐ Lactate dehydrogenase (LDH)			
	No details available for preview			
☐	**SJH ONCBCN LAB PT/INR/ APTT**			
	☐ PT/INR, PTT			
	No details available for preview			

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION CATHETER**			
	☑ Nursing Communication	Every visit	S	Until discont'd
	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 discont'd
	250 mL, intravenous, at 30 mL/hr, Once, Starting when released KVO			
	◎ dextrose 5% (D5W) 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

Medications

	Interval	Defer Until	Duration
☑ **SJH ONCBCN THERAPY CEFTRIAXONE 1 GM**			
☑ cefTRIAXone (ROCEPHIN) intravenous injection 1 g			

1 g, intravenous, Every 24 hours, for 1 dose
DO NOT ADMNISTER, VIA Y-SITE, WITH ANY CALCIUM CONTAINING IV FLUIDS SUCH AS LACTATED RINGERS SOLUTION. FLUSH LINE BEFORE AND AFTER ROCEPHIN ADMINISTRATION IF ANY CALCIUM CONTAINING PRODUCTS ARE BEING ADMINISTERED.

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.			