

Medication Orders (Parenteral)

Fax all pages to (855) 270-7347

Patient Information

| | | | |
|---|-------------------------------|----------------|---------|
| Order Date: | Requested Start of Care Date: | Date of Birth: | |
| Patient name: | Height: | Weight: | lb / kg |
| Address: | City: | State: | Zip: |
| IV Access (if applicable): <input type="radio"/> Peripheral <input type="radio"/> Port <input type="radio"/> Other: | | | |
| Primary Diagnosis: | | ICD-10: | |
| Secondary Diagnosis: | | ICD-10: | |
| Allergies: | | | |

Medication Orders

| | RX #1 NAME: | RX #2 NAME: |
|--|--|--|
| Product strength, description, size: | | |
| Dose & route: | Dose <input style="width: 50px;" type="text"/> Route <input style="width: 50px;" type="text"/> | Dose <input style="width: 50px;" type="text"/> Route <input style="width: 50px;" type="text"/> |
| Directions (frequency, number of courses, etc.) | | |
| Scheduling flexibility if intermittently administered: | +/- days | +/- days |
| If not given every day, multiple day courses to be given on <i>consecutive</i> days unless checked otherwise | <input type="checkbox"/> consecutive or non-consecutive days <input type="checkbox"/> non-consecutive days only <input type="checkbox"/> if ordered consecutively, may omit weekends | <input type="checkbox"/> consecutive or non-consecutive days <input type="checkbox"/> non-consecutive days only <input type="checkbox"/> if ordered consecutively, may omit weekends |
| Round dose: | <input type="checkbox"/> to nearest vial size <input type="checkbox"/> no rounding <input type="checkbox"/> | <input type="checkbox"/> to nearest vial size <input type="checkbox"/> no rounding <input type="checkbox"/> |
| Refill (unless noted, prescriptions valid 1 year from date signed) | months Dispense size(s) and quantity sufficient | months Dispense size(s) and quantity sufficient |

Premedication Orders / Other Orders as below n/a

| Patient Type | Drug | Description / Dispense Quantity Sufficient | Dose | Route / Frequency | Decline |
|---|---|--|-------------------------------------|---|----------------------------------|
| Adult & Pediatric ≥12 years (if not at least 95 lb., follow <12 years dosing) | Acetaminophen | 325 mg tab or 160 mg/5 ml oral 120 ml | 325 - 650 mg | Orally pre-medication prn. May repeat q 4 - 6 hr prn. Max 3 gm/day. | Decline <input type="checkbox"/> |
| Pediatric 0 - 11 years | | 160 mg/5 ml oral 120 ml | 10 mg/kg (round to nearest 1/4 tsp) | | |
| Adult | Diphenhydramine | 25 mg tab or 12.5 mg/5 ml oral 120 ml | 25 - 50 mg | Orally pre-medication prn. May repeat q 4 - 6 hr prn. | Decline <input type="checkbox"/> |
| Pediatric ≥ 12 years | | 12.5 mg/5 ml oral 120 ml | 25 mg | | |
| Pediatric 6 - 11 years | | 12.5 mg/5 ml oral 120 ml | 12.5 - 25 mg | | |
| Pediatric 2 - 5 years | | 12.5 mg/5 ml oral 120 ml | 6.25 mg | | |
| Adult & Pediatric ≥6 years | Loratadine (if excessive drowsiness from diphenhydramine) | 10 mg tab or 5 mg/5 ml oral 120 ml | 10 mg | Orally pre-medication prn. No repeat. | Decline <input type="checkbox"/> |
| Pediatric 2 - 5 years | | 5 mg/5 ml oral 120 ml | 5 mg | | |

OTHER

Medication Orders (Parenteral)

Patient Name:

Anaphylaxis Orders as below n/a

| Patient Type | Drug | Description / Dispense Quantity Sufficient | *Reaction Severity | Dose | Route/Frequency |
|---------------------------|----------------------|--|--------------------|---------------------------|---|
| Adult | Diphenhydramine | 25 mg tab #24 or 12.5 mg/5 ml oral 120 ml | Mild or severe | 50 mg | Orally every 6 hr as needed. |
| Pediatric | | 12.5 mg/5 ml oral 120 ml | | 1.25 mg/kg (max 50 mg) | |
| Adult & Pediatric >66 lbs | Epinephrine | 0.3 mg Auto-Injector #2 or 1 mg/ml 1 ml vial/amp #2 | Severe | 0.3 mg | IM (auto-injector) or SubQ (vial/amp) x 1 dose. May repeat in 5 – 15 minutes as needed. |
| Pediatric 33 - 66 lbs | | 0.15 mg Auto-Injector #2 or 1 mg/ml 1 ml vial/amp #2 | | 0.15 mg | |
| Pediatric <33 lbs | | 1 mg/ml 1 ml vial/amp #2 | | 0.01 mg/kg | |
| Adult and Pediatric | Sodium chloride 0.9% | 250 ml IV Bag #1 | Severe | 250 ml | Stop causative drug, then administer IV at KVO rate. |

*Mild allergic reactions include itching, hives, rash, nausea and/or vomiting

*Severe anaphylaxis reactions include angioedema, wheezing, difficulty breathing, swelling of eyelids or lips

Other Orders:

If medication administered IV: Access Maintenance (Dispense quantity sufficient)

| Venous Access | Patient Type | NS 10 ml syringe pre/post use | NS 10 ml syringe post blood draw | Heparin 5 ml syringe post last NS | Lidocaine/prilocaine 2.5%/2.5% cream |
|--|--------------------|-------------------------------|----------------------------------|------------------------------------|--|
| Peripheral | Adult/Pedi > 15 kg | 1 - 3 ml | n/a | 10 units/ml: 1 - 3 ml ² | Apply topically 60 minutes prior to needle insertion prn discomfort. Decline <input type="checkbox"/> |
| | Pedi ≤ 15 kg | 1 - 3 ml | n/a | 10 units/ml: 1 ml ² | |
| Midline, Central (non-port), PICC ¹ | Adult/Pedi > 15 kg | 3 - 5 ml | 5 - 10 ml | 10 units/ml: 3 - 5 ml ² | |
| | Pedi ≤ 15 kg | 3 ml | 3 ml | 10 units/ml: 3 ml ² | |
| Implanted Port ¹ | Adult/Pedi > 15 kg | 5 - 10 ml | 10 - 20 ml | 100 units/ml: 5 ml ³ | |
| | Pedi ≤ 15 kg | 3 - 5 ml | 5 ml | 10 units/ml: 5 ml ³ | |
| Groshong PICC/Midline ¹ | Adult/Pedi > 15 kg | 5 - 10 ml ⁴ | 10 - 20 ml | None | |
| | Pedi ≤ 15 kg | 3 - 5 ml ⁴ | 3 - 5 ml | None | |

¹Follow manufacturer-specific recommendations if different.

Maintenance flush when not in use: ²daily, ³daily if accessed; monthly if de-accessed, ⁴daily to weekly

Ancillary Supplies & DME Orders (Dispense quantity sufficient)

Ancillary supplies as needed, including a disposable IV pole, for the infusion of medication via peripheral IV, port, or indwelling central catheter via gravity or by ambulatory infusion pump as needed.

Nursing Orders, if needed

- | | |
|--|---|
| <ul style="list-style-type: none"> Nurse to administer primary and ancillary medications per physician orders. If IV: Nurse to obtain IV access via placement of peripheral IV or insertion of port needle when applicable. If IV access is not obtained after 3 attempts, nurse should contact Nufactor for assistance. | <ul style="list-style-type: none"> If IV: Nurse to remove peripheral IV catheter after completion of infusion. If peripheral IV, may leave in place up to 5 days as long as no erythema or edema. If port, may leave access device in place up to 7 days. If PICC, change dressing weekly. Nurse to monitor for signs/symptoms of infection/infiltration. If patient to be independent with medication administration: Skilled nursing visit(s) for education and teaching of side effects / management and administration by device/equipment if used. |
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Physician Information

| | |
|------------|--|
| Signature: | Name: |
| | NPI#: |
| | Address: |
| | |
| Date: | Phone: Fax: |

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