CODY REGIONAL HEALTH

Date: ______________________

Patient Name: ____________________________________ **Patient Date of Birth:** ________________

Diagnosis / ICD 10 Codes: ____

Height: _______ in Weight: ______ kg BSA: ______ m2 **Allergies:** ___________________________

Labs: **Lab Frequency:**

- ☐ CBC
- ☐ CIVIP
- ☐ CRP
- ☐ Sedimentation Rate
- ☐ Vancomycin Trough
- ☐ Other Labs: ____

Now: ______

Daily: ______

Weekly: _____

☐ Additional/Special Lab Instructions: ______________________________________

Medication # 1:	**Medication # 2:**	**Medication #3:**
☐ Drug/Route: ___________ ☐ Dose: ________________ ☐ Frequency: ___________ ☐ Additional Instructions: ____________________	☐ Drug/Route: ________________ ☐ Dose: ____________________ ☐ Frequency: ________________ ☐ Additional Instructions: ________________________	☐ Drug/Route: ________________ ☐ Dose: ____________________ ☐ Frequency: ________________ ☐ Additional Instructions: ________________________

IF VANCOMYCIN: Pharmacy to dose? **YES:** _____ **NO:** _____

Additional Orders: ____
____
____

Provider Signature: ______________________________ Date/Time: ______________

Print Provider name: ______________________________

Contact number: ______________________________

OUTPATIENT INFUSION ORDER

CODY REGIONAL HEALTH

☐ ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED UNLESS CHECKED

DRUG ALLERGIES________________________
____
____

PHYSICIAN'S ORDERS

Date & Time Ordered	ADULT INFUSION REACTION STANDING ORDER	Page 1 of 1

Date/Time:

____

Patient Name: ________________________________

Date of Birth: ________________________________

FOR HYPERSENSITIVITY REACTION (hives, aches, temperature changes, itching):

1. Stop infusion and run NS wide open.

2. Administer:
   Benadryl 25 mg IV push x 1
   Solumedrol 125 mg IV push x 1

3. Notify Ordering Provider

FOR ANAPHYLACTIC REACTION (changes in airway, breathing, circulation):

1. Stop infusion and run NS wide open

2. Call a Quick Response or Code Blue

3. Apply O2 to maintain O2 sat >90%, apply cardiac monitor

4. Administer:
   Epinephrine 1 mg/mL (1:1000), 0.3 mg IM stat
   Benadryl 25 mg IV push x 1
   Solumedrol 125 mg IV push x 1
   Pepcid 10 mg IV push x 1

4. Consult with ER provider to determine further treatment

5. Notify ordering provider

OK to use Infusion Reaction Standing Orders? Yes / No

Physician Signature ____ DATE/TIME

Printed Name ____