



\_\_\_\_\_  
Print Patient Name (Required)

\_\_\_\_\_  
DOB

Height (cm): \_\_\_\_\_  
Weight (kg): \_\_\_\_\_  
BSA (m2): \_\_\_\_\_  
Allergies: \_\_\_\_\_



**Methylprednisolone (Solu-Medrol) Infusion**

Admit to:	Diagnosis:	Infusion Date:
<input type="checkbox"/> Port <input type="checkbox"/> Broviac <input type="checkbox"/> PICC <input type="checkbox"/> Peripheral <input type="checkbox"/> Normal Saline/Heparin flush per protocol <input type="checkbox"/> Topical anesthetic per protocol		
<b>Premedication</b>		
<input type="checkbox"/> Acetaminophen = _____ mg PO (max dose 1000mg) <input type="checkbox"/> Diphenhydramine = _____ mg IV or PO (max dose 50mg) <input type="checkbox"/> Other: _____		

**Methylprednisolone** \_\_\_\_\_ mg IV in NS over 1 hour

**Nursing Orders**

Weigh patient prior to infusion.
Monitor Vital Signs at the beginning and the end of the infusion. Report any changes in status or vital signs.
Regular diet for patient age.
Obtain the following labs with IV or central line access prior to the start of infusion: <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> UA <input type="checkbox"/> Other: _____ <input type="checkbox"/> IGG <input type="checkbox"/> IGG/IGA/IGM <i>**Fax all lab results to ordering provider**</i>
<input type="checkbox"/> Discharge once infusion completed <input type="checkbox"/> Discharge 30 minutes post infusion

**PRN medications:**

Diphenhydramine (1mg/kg) = \_\_\_\_\_ mg PO or IV once prn itching

Ibuprofen (10mg/kg) = \_\_\_\_\_ mg PO once prn mild pain/temp >100.4 (call for fever prior to administering)

Acetaminophen (15mg/kg) = \_\_\_\_\_ mg PO once prn mild pain/temp >100.4 (call for fever prior to administering)

Ondansetron (0.15mg/kg) = \_\_\_\_\_ mg PO or IV prn nausea/vomiting

Orders good until this date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_

