



Print Patient Name (Required)

DOB

Height (cm): _____
Weight (kg): _____
BSA (m²): _____
Allergies: _____



General (MISC) Infusion

Admit to:	Diagnosis:	Infusion Date:
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- Port Broviac PICC Peripheral
- Normal Saline/Heparin flush per protocol
- Topical anesthetic per protocol

Premedication

- Acetaminophen = _____ mg PO (max dose 1000 mg)
- Diphenhydramine = _____ mg IV or PO (max dose 50 mg)
- Other: _____

Primary Medication Order: _____

Nursing Orders

Weigh patient prior to infusion.
Monitor Vital Signs. • Frequency: _____
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 <input type="checkbox"/> Call lab results prior to starting infusion **Fax all lab results to ordering provider**
<input type="checkbox"/> Discharge once infusion completed <input type="checkbox"/> Discharge 30 minutes post infusion

Additional Medication Orders: _____

PRN medications:

- Diphenhydramine (1mg/kg) = _____ mg IV or PO once prn itching
- Ibuprofen (10 mg/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 (0.15 mg/kg) = _____ mg IV once prn nausea

Orders good until this date: _____

Provider's Signature: _____ Date: _____ Time: _____

Printed Name: _____

