



\_\_\_\_\_  
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: _____
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"/> IGG <input type="checkbox"/> IGG/IGA/IGM <input type="checkbox"/> Other: _____
<input type="checkbox"/> Call lab results prior to starting infusion <b>**Fax all lab results to ordering provider**</b>
<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: \_\_\_\_\_ Infusion Frequency (if applicable): \_\_\_\_\_

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

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

