PROVIDENCE
Health & Services

ADULT AMBULATORY INFUSION ORDER

OTHER

Other Orders

NAME:
BIRTHDATE:
INSURANCE:
PROVIDER NAME:
CLINIC NAME and Phone number:

Patient identification

Weight:______ kg Height: ______cm Allergies: _______________ Diagnosis Code: ____________

Treatment Start Date: ______________

GUIDELINES FOR ORDERING

1. Send FACE SHEET, lab results and H&P or most recent chart note

LABS:

Per order: ***(select all that apply)***

- ☐ CBC
- ☐ CMP
- ☐ Other ____________________________

Premeds:

- ☐ ____________________ Dose__________ Route ________Frequency _______.

Medications:

- ☐ ____
- ☐ ____________________ Dose__________ Route ________Frequency _______.
- ☐ ____________________ Dose__________ Route ________Frequency _______.

Standard Included Nursing Orders:

- ✓ VITAL SIGNS – Per policy.
- ✓ Insert peripheral IV if no IV access.
- ✓ May use/access CVC line and give 500 units (5ml) heparin injection for central line care.
- ✓ Hypersensitivity reaction order set.
- ✓ If hypersensitivity or infusion reactions develop, temporarily hold the infusion, initiate infusion reaction orders, and notify provider immediately.

Name:
Date of Birth:
Insurance:
Provider Name:
Clinic Name and Phone number:

By signing below, I represent the following:
I am responsible for the care of the patient (*who is identified at the top of this form*).
I hold an active, unrestricted license to practice medicine in Oregon.

My physician license Number is #__________________ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order infusion of the medications and blood products described above for the patient identified on this form.

Provider's printed name: ____________________________
Provider's signature: ________________________________
Date: ________

Outpatient Infusion Services Intake Team:
Please check the appropriate box for the patient's preferred infusion center location:

Outpatient Infusion Services

	Location	Phone	Fax
☐	PORTLAND	Phone 503-215-6046	Fax 503-487-3582
☐	WILLAMETTE FALLS	Phone 503-215-6046	Fax 503-487-3582
☐	MEDFORD	Phone 541-732-7048	Fax 541-732-3939
☐	HOOD RIVER	Phone 541-387-1338	Fax 541-387-6137
☐	SEASIDE	Phone 503-717-7671	Call for fax #
☐	NEWBERG	Phone 503-537-1450	Fax 503-537-1449

Pharmacy reviewed on 8/27/21 by R Grabowski

ADULT AMBULATORY INFUSION ORDER
POHYPERS-06/21
HEPERSENSITIVITY INFUSION REACTION ORDERS

NAME:
BIRTHDATE:
INSURANCE:
PROVIDER NAME:
CLINIC NAME and Phone number:

Patient identification

STOP infusion if:

MILD REACTION: Localized pruritus, rhinitis, localized rash, fever greater than 38 degrees C.

1. Stop infusion and maintain IV access with NS line.
2. Notify MD of symptoms and infusion reaction orders initiated.

MODERATE REACTION: Generalized pruritus, generalized flushing, rash, back pain, mild dyspnea, chills, hypotension with SBP less than 90 mmHg or greater than 20% decrease in SBP.

1. Stop infusion, but do not discard infusion bag/bottle unless instructed by MD that therapy is to be discontinued.
2. Maintain IV access with NS line.
3. Place patients in a supine position with lower extremities elevated unless respiratory distress or nausea/vomiting.
4. Maintain airway

SEVERE REACTION: Respiratory distress (bronchospasm, stridor, wheezing, persistent cough, respiratory depression, cardiac arrhythmia, chest pain, generalized urticarial (hives), syncope, gastrointestinal symptoms (abdominal pain, N/V, diarrhea), hypotension SBP less than 80 mmHg, face/throat/tongue swelling, shock, loss of consciousness.

1. Stop infusion, but do not discard bag/bottle unless instructed by MD that therapy is to be discontinued.
2. Stay with patient and have another nurse notify MD of symptoms and infusion reaction orders initiated.
3. Place patients in supine position with lower extremities elevated unless respiratory distress or nausea/vomiting.
4. Maintain airway.
5. Maintain IV access with NS line.
6. Inpatients: Activate code blue for loss of blood pressure, pulse, or consciousness

MEDICATIONS:

- Acetaminophen (TYLENOL) tablet 650 mg, Oral, EVERY 4 HOURS PRN, Pain, Other, Mild reaction. Starting when released.
- DiphenhydrAMINE (Benadryl) injection, 25 mg, Intravenous, EVERY 15 MIN PRN, Moderate or severe reaction, may repeat x1. Starting when released, For 2 doses.
- Methylprednisolone sodium succinate (solu-MEDROL) 62.5mg/ml injection, 125 mg, Intravenous, ONCE PRN, Severe reaction. Starting when released, For 1 dose. Mix with 2 mL provided diluent to make 62.5 mg/mL.
- Famotidine (PEPCID) injection 20 mg, Intravenous, ONCE PRN, Moderate reaction, or anaphylaxis, starting when released. Dilute 2 mL of famotidine with 8 mL of normal saline to a final concentration of 2 mg/mL. Administer ordered dose over a period of at least 2 minutes.
- Albuterol 90 mcg/puff inhaler 2 puff, Inhalation, ONCE PRN, Severe reaction p. Starting when released, For 1 dose. Shake well. Use with spacer.

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- Start oxygen. For *MODERATE* Reaction: Start 2 liters O2 per nasal cannula as needed for SpO2 less than 93%. For *SEVERE* Reaction: Start continuous pulse oximetry. Administer 6 to 8 liters per minute (LPM) via face mask, or up to 100% oxygen to maintain oxygen saturation greater than 90%.
- EPINEPHrine 1 mg/mL injection 0.3 mg. Intramuscular, EVERY 5 MIN PRN, Anaphylaxis. Starting when released, For 3 doses. Administer in the anterior lateral thigh using 1 - 1.5-inch needle for airway obstruction symptoms and/or hypotension.
- Sodium chloride 0.9% (NS) Infusion 500ml. At 500 mL/hr, Intravenous, PRN, Moderate reaction, or anaphylaxis. Starting when released. Run wide open to gravity

Note to prescribers:
The above instructions and orders for hypersensitivity reactions are considered active and valid if this attachment is accompanying an infusion order form
X________________________________ Date: ____________________________

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Reviewed 8/27/21 R Grabowski

Reviewed 9/19 by CVD