Mass General Brigham
Cooley Dickinson Hospital

(Patient Sticker)

PHYSICIAN ORDER SET :

MEDICAL DAY CARE Order Form
Injection and Intravenous Orders

Patient: _____ DOB: _____ Gender:_____

Patient Phone #: _____ Height: _____ Weight: _____lb/kg

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address:_____

Ordering Provider: _____ Date: _____

Signature: _____

Complete, sign, and fax this document to: ***CDH Central Scheduling at 413-582-2183****.*
Please include H&P/ current medications list/ allergies, and ensure that med authorizations have been obtained

For Blood Transfusions, please ensure that signed consent has been obtained.

This form is to be used only when a specific medication therapy plan is not available.

☐ **Prior authorization obtained** (if needed) ____ Yes

☐ **Medication**: _____

☐ **Dose**: _____ mg _____mcg _____ mL _____ mL/kg _____ units/mL Other: _____

☐ **Route**: _____

☐ **Length of Treatment**: ____ minute(s) ____ hour(s)

☐ **Frequency**:

- o ____ once
- o Every: _____ day _____ week _____ month _____ year
- o Total duration of treatments: _____ day(s) _____ week(s) _____ month(s)
- o Other: _____

☐ **Lab Criteria Required to Proceed with Treatment:**

- o N/A, no criteria to treat
- o Must meet the following lab criteria before treating:
  - o Lab: _____ Criteria to meet: _____
  - o Lab: _____ Criteria to meet: _____
  - o Lab: _____ Criteria to meet: _____
- o Frequency of lab testing: _____

☐ **Additional Info:** _____

Catheter Management

		Interval	Defer Until	Duration
☐	**Line Access** Routine, As needed, Starting when released, Until Specified. As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device to provide treatment.	PRN		PRN
☐	**alteplace (CATHFLO) 1mg/mL injection 2 mg** 2 mg, Intracatheter, As needed, line care, Starting when released. For central venous access device requiring clearance. May repeat once per lumen. For patients greater than 30 kg: 2 mg in 2 mL using a 10 mL syringe. For patient less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL.	PRN		PRN
☐	**lidocaine-prilocaine (EMLA) cream** Topical, As needed, apply prior to the PIV insertion or port access, Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect.	PRN		PRN
☐	**heparin (PF) 100 unit/mL flush 5 mL** 5 mL, Intravenous, As needed, line care, Starting when released	PRN		PRN
☐	**heparin (PF) 10 unit/mL flush 3 mL** 3 mL, Intravenous, As needed, line care, Starting when released	PRN		PRN
☐	**heparin (PF) 10 unit/mL flush 5 mL** 5 mL, Intravenous, As needed, line care, Starting when released	PRN		PRN
☐	**heparin (PF) 1000 unit/mL catheter injection 2 mL** 2 mL, Intracatheter, As needed, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting when released	PRN		PRN
☐	**sodium chloride (NS) 0.9% syringe flush 3 mL** 3 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN		PRN
☐	**sodium chloride (NS) 0.9% syringe flush 10 mL** 10 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN		PRN
☐	**sodium chloride (NS) 0.9% syringe flush 20 mL** 20 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN		PRN
☐	**sodium chloride 0.9% infusion** 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released	PRN		PRN
☐	**D5W infusion** 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN		PRN

Emergency Medications/Anaphylaxis

		Interval	Defer Until	Duration
☐	**Provider and Nurse Communication** Routine, Once, Starting when released. Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		PRN
☐	**EPINEPHrine (ADRENALIN) injection 0.3 mg** 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 equivalent to 1 mg/mL	PRN		PRN
☐	**sodium chloride 0.9% bolus 1,000 mL** 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		PRN
☐	**Oxygen Therapy – Non-Rebreather** Routine Select a Mode of Therapy: Non-Rebreather Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes Min Sp02 (%): 94	PRN		PRN

Hypersensitivity

		Interval	Defer Until	Duration
☐	**Provider and Nurse Communication** Routine, Until discontinued, Starting when released. Until Specified. Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discont'd
☐	**albuterol 2.5mg/3 mL (0.83%) nebulizer solution** 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 dose	PRN		Until discont'd
☐	**acetaminophen (TYLENOL) tablet 975** 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 dose	PRN		Until discont'd
☐	**diphenhydrAMINE (BENADRYL) injection 25 mg** 25 mg, Intravenous, As needed, itching, hives or adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 2 doses. Begin with 25 mg. If patient has continue reaction, administer additional 25 mg	PRN		Until discont'd
☐	**methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg** 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose To be administered along with H1 antihistamine and famotidine	PRN		Until discont'd
☐	**famotidine (PEPCID) injection 20 mg in sodium choloride 0.9% 100 mL IVPB** 20 mg, Intravenous, Administer over 15 Minutes, at 400 mL/hr, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and methylprednisolone. HOLD IF: given as a premed.	PRN		Until discont'd

☐	**ondansetron (PF) (ZOFRAN) Injection 4 mg** 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN	Until discont'd
☐	**cetirizine (ZyrTEC) tablet 10 mg** 10 mg, Oral Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. If patient unable to tolerate cetirizine, administer fexofenadine if available. HOLD IF: given fexofenadine	PRN	Until discont'd
☐	**fexofenadine (ALLEGRA) tablet 180 mg** 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderated, or SEVERE reaction, Starting at treatment start time, For 1 dose. Administer only if unable to tolerate cetirizine. HOLD IF: given cetirizine	PRN	Until discont'd