



GENERAL INFUSION/INJECTION ORDERS

Patient Name: _____ Allergies: _____

Date of Birth: _____ Height: _____ Weight: _____

DIAGNOSIS: _____

ACCESS:

- Peripheral IV
- Port flush per protocol
- Port access per protocol for lab draw
- PICC placement
- PICC flush per protocol
- Remove PICC line at the end of therapy
- Port de-accessed per protocol
- Port Placement Consult

INJECTIONS:

- Aranesp _____ mcg Sub Q every _____ Draw Hgb prior, hold if greater than _____
- Prolia 60mg Sub Q with Ionized Calcium Level (Hold if <1.10)
- Other Drug: _____ Dose _____ Frequency _____ Length of tx: _____

INFUSIONS:

- Reclast 5mg IV Infusion with Creatinine Clearance (must be >35 ml/min) and Ionized Calcium level (within 30 days) every twelve (12) months (hold <1.10)
- Medication _____ Dose _____ Route _____ Frequency _____ Length of tx: _____
- Pharmacy to Dose Y/N
- Parameters _____

PRE-MEDICATIONS:

- Drug: _____ Dose: _____ Frequency: _____
- Drug: _____ Dose: _____ Frequency: _____
- Drug: _____ Dose: _____ Frequency: _____
- Drug: _____ Dose: _____ Frequency: _____

LABS:

LABS: _____ Frequency: _____

Patients will be discharged home after treatment is completed and vitals are stable unless ordered otherwise.

- All orders are good for one year.
- All lines will be flushed upon IV start and following IV start with 10ml Saline.
- When indicated, Heparin flush, per protocol.

Ordering Physician Printed Name _____ Contact Phone Number _____

Date _____ Time _____ Ordering Physician Signature _____