

Blank Therapy Plan

Protocol shell - includes appointment requests, common labs, pre-medications and emergency medications

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Labs			
☐ hCG, serum, qualitative	Every 28 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
Inclusion conditions: Patient could become pregnant			
☐ CBC and differential			Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ Comprehensive metabolic panel			Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ Basic metabolic panel			Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			

Pre-Medications

☒ Pre-medications for Blank Treatment/Therapy

Plan

☒ Physician communication order		Until discontinued
Until discontinued Starting when released Until Specified		
Add appropriate pre-medications to treatment plan based on chemotherapy or infusion medications.		
☐ acetaminophen (Tylenol) tablet 650 mg		Until discontinued
650 mg, oral, Once, Starting at treatment start time		
☐ atropine injection 0.25 mg		Until discontinued
0.25 mg, subcutaneous, Once, Starting at treatment start time		
☐ atropine injection 0.25 mg		Until discontinued
0.25 mg, intravenous, Starting at treatment start time		
☐ diphenhydrAMINE (BENADryl) 25 mg		Until discontinued
25 mg, oral, Once, Starting at treatment start time		
☐ diphenhydrAMINE (BENADryl) injection 50 mg		Until discontinued
50 mg, intravenous, Once, Starting at treatment start time		
☐ aprepitant (cinvanti) injection 130 mg		Until discontinued
130 mg, intravenous, Once, Starting at treatment start time		
☐ fosaprepitant (Emend) IV 150 mg		Until discontinued
150 mg, intravenous, Administer over: 30 Minutes, Once, Starting at treatment start time		
Complete the infusion approximately 30 minutes prior to chemotherapy		

	Interval	Defer Until	Duration
☐ palonosetron (Aloxi) IV 250 mcg 250 mcg, intravenous, Administer over: 0.5 Minutes, Once, Starting at treatment start time			Until discontinued
☐ ondansetron (Zofran) IV intravenous, Once, Starting at treatment start time			Until discontinued
☐ dexAMETHasone (Decadron) IV intravenous, Once, Starting at treatment start time			Until discontinued
☐ methylPREDNISolone sod suc (PF) (SOLU-Medrol) injection 80 mg 80 mg, intravenous, Once, Starting at treatment start time			Until discontinued
☐ famotidine (Pepcid) tablet 20 mg 20 mg, oral, Once, Starting at treatment start time			Until discontinued
☐ famotidine (Pepcid) IV 20 mg 20 mg, intravenous, Administer over: 2 Minutes, Once, Starting at treatment start time			Until discontinued
☐ OLANzapine (ZyPREXA) tablet 5 mg 5 mg, oral, Once, Starting at treatment start time			Until discontinued
☐ LORazepam (Ativan) injection 0.5 mg 0.5 mg, intravenous, Once as needed, anxiety, agitation, Starting at treatment start time, Until Discontinued			Until discontinued

Emergency Medications

☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 50 mg 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued

	Interval	Defer Until	Duration
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	PRN		Until discontinued
100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For mild/moderate reaction: flushing, rash, pruritus			
- OR -			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

☒ EPINEPHrine (EpiPen;Adrenalin) solution 0.3 mg	PRN		Until discontinued
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request			Until discontinued
Status: Once, Expected: S, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			

*Provider signature	Provider printed name	*Date	Time

*Provider phone#

***Denotes Field that must be completed by healthcare worker**