

Protocol Types

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

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 84 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every 28 days		Until discontinued
Until discontinued Starting when released Until Specified			
Correct hypocalcemia before initiating treatment. Adequately supplement patients with calcium and vitamin D.			
Monitor serum calcium as clinically indicated.			
Therapeutic Medications			
☒ leuprolide (1-month) (Lupron Depot) injection	Every 28 days		Until discontinued
3.75 mg			
3.75 mg, intramuscular, Once, Starting when released			
Administer as a single injection into the gluteal area, anterior thigh, or deltoid. Give within 2 hours of preparation.			
HAZARDOUS - Handle with care			
Emergency Medications			
☒ Nursing communication	Every 28 days		Until discontinued
STAT, Until discontinued Starting when released Until Specified			
If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.			
☒ Vital Signs	Every 28 days		Until discontinued
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.			
☒ Nursing communication	Every 28 days		Until discontinued
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			
☒ sodium chloride 0.9 % infusion	Every 28 days		Until discontinued
30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day			
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer	Every 28 days		Until discontinued
solution 2.5 mg			
2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
☒ albuterol HFA 90 mcg/act inhaler 2 puff	Every 28 days		Until discontinued

	Interval	Defer Until	Duration
2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL			
☒ acetaminophen (Tylenol) tablet 650 mg	Every 28 days		Until discontinued
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			
☒ diphenhydrAMINE (BENADryl) injection 25 mg	Every 28 days		Until discontinued
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			
☒ diphenhydrAMINE (BENADryl) injection 50 mg	Every 28 days		Until discontinued
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)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	Every 28 days		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) injection solution 0.3 mg	Every 28 days		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	Every 28 days	Until discontinued
Status: Future, Expected: S, Expires: S+365, Sched. Duration: 30 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