

Methylprednisolone (SOLU-MEDROL) Infusion / Injection

methylPREDNISolone, customizable options - default once

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
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Provider Communication

- | | | | |
|---|------|--|-------------|
| ☒ Provider communication | Once | | 1 treatment |
| Until discontinued Starting when released Until Specified | | | |
| For patients receiving long term immunosuppressive corticosteroids, consider screening for Hepatitis B (infection or carrier status), systemic infection or osteoporosis. | | | |

Use with caution in patient with known hypertension.

Labs

- | | | | |
|--|------|--|-------------|
| ☐ CBC and differential | Once | | 1 treatment |
| Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine | | | |
| ☐ Basic metabolic panel | Once | | 1 treatment |
| Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine | | | |
| ☐ C-reactive protein | Once | | 1 treatment |
| Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine | | | |
| ☐ Sedimentation rate, automated | Once | | 1 treatment |
| Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine | | | |

Nursing Orders

- | | | | |
|--|------|--|-------------|
| ☒ Treatment conditions | Once | | 1 treatment |
| Until discontinued Starting when released Until Specified | | | |
| If labs are ordered, HOLD methylPREDNISolone and notify MD for potassium less than 3.5 or greater than 5, or for glucose greater than 400. | | | |
| ☒ Nursing communication | Once | | 1 treatment |
| Monitor blood pressure before and after infusion. | | | |

Therapeutic Medications

- | | | | |
|---|------|--|-------------|
| ☐ Solu-Medrol 500 mg over 30 min | | | |
| ☒ methylPREDNISolone sodium succinate (SOLU-Medrol) 500 mg in sodium chloride 0.9 % 108 mL IVPB | Once | | 1 treatment |
| 500 mg, intravenous, Administer over: 30 Minutes, Once, Starting when released | | | |
| ☒ Infusion Appointment Request | Once | | 1 treatment |

	Interval	Defer Until	Duration
Status: Once, Expected: S, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			
☐ Solu-Medrol 1,000 mg over 60 min			
☒ methylPREDNISolone sodium succinate (SOLU-Medrol) 1,000 mg in sodium chloride 0.9 % 266 mL IVPB	Once		1 treatment
1,000 mg, intravenous, Administer over: 60 Minutes, Once, Starting when released			
☒ Infusion Appointment Request	Once		1 treatment
Status: Once, Expected: S, Sched. Duration: 90 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			
☐ Solu-Medrol 125 mg IV push			
☒ methylPREDNISolone sod suc (PF) (SOLU-Medrol) injection 125 mg	Once		1 treatment
125 mg, intravenous, Administer over: 2 Minutes, Once, Starting when released			
☒ Infusion Appointment Request	Once		1 treatment
Status: Once, Expected: S, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			
Emergency Medications			
☒ Nursing communication	PRN		Until discontinued
STAT, Until discontinued Starting when released Until Specified			
If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.			
☒ Vital Signs	PRN		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	PRN		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	PRN		Until discontinued
30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day			
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg	PRN		Until discontinued
2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
☒ albuterol HFA 90 mcg/act inhaler 2 puff	PRN		Until discontinued
2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
SHAKE WELL			
☒ acetaminophen (Tylenol) tablet 650 mg	PRN		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	PRN		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	PRN		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)			

	Interval	Defer Until	Duration
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 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)	PRN		Until discontinued
☒ EPINEPHrine (EpiPen;Adrenalin) solution 0.3 mg 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)	PRN		Until discontinued

 *Provider signature

 Provider printed name

 *Date

 Time

 *Provider phone#

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