

Phenergan / Zofran / Toradol / IVF 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
Nursing Orders			
☒ Nursing communication Until discontinued Starting when released Until Specified Discharge patient when complete if stable and pain level is within tolerable range.	Once		1 treatment
Hydration			
☐ AH HYDRATION 1L BOLUS (NS / 1/2NSD5W / D5W) (OVER 1 HOUR)			
☐ sodium chloride 0.9 % bolus 1,000 mL, intravenous, Administer over: 1 Hours, Once, Starting at treatment start time	Once		1 treatment
☐ DEXTROSE 5 % AND 0.45 % NACL IV BOLUS bolus 1,000 mL 1,000 mL, intravenous, Administer over: 1 Hours, Once, Starting when released	Once		1 treatment
☐ dextrose 5 % solution 1,000 mL 1,000 mL, intravenous, Administer over: 1 Hours, Once, Starting when released	Once		1 treatment
Therapeutic Medications			
☐ AH THERAPEUTIC MEDICATIONS PHENERGAN IM / ZOFRAN IV/PO / TORADOL IM/IV (NO DEFAULT DOSE)			
☐ ondansetron (Zofran) IV 4 mg 4 mg, intravenous, Once, Starting when released	Once		1 treatment
☐ ondansetron ODT (Zofran-ODT) disintegrating tablet 4 mg 4 mg, oral, Once, Starting when released	Once		1 treatment
☐ ketorolac (Toradol) injection 15 mg 15 mg, intravenous, Once, Starting when released	Once		1 treatment
☐ ketorolac (Toradol) injection 30 mg 30 mg, intramuscular, Once, Starting when released	Once		1 treatment
☐ promethazine (Phenergan) injection	Once		1 treatment

	Interval	Defer Until	Duration
intramuscular, Once, Starting when released			
WARNING: SEVERE TISSUE INJURY & GANGRENE RISK Administer promethazine as DEEP Intramuscular (IM) Injection ONLY. Intravenous (IV) and Subcutaneous (SC) use PROHIBITED due to risk of permanent tissue damage. If IM route is not feasible, order alternative antiemetic.			
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)			
☒ 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) injection 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	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		

*Provider signature	Provider printed name	*Date	Time
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*Provider phone#

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