



477 W. Horton Rd.  
 Bellingham, WA 98226  
 Phone (360) 933-4892  
 Fax (360) 933-1197

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

IV Access: \_\_\_\_\_

Allergies: \_\_\_\_\_

### Methylprednisolone (Solu-Medrol) Order Form

◆ Orders are initiated unless crossed out by provider.

Check box to initiate orders.

Please complete this form and fax to (360)933-1197. Call our office and our clinical pharmacists will be happy to make therapy recommendations.

**Diagnoses:**

Multiple Sclerosis

ICD-10: G 35

\_\_\_\_\_ ICD-10: \_\_\_\_\_

\_\_\_\_\_ ICD-10: \_\_\_\_\_

**Medication Orders:**

- ◆ Solu-Medrol 1 gram IV every 24 hours for 3 days
- ◆ Solu-Medrol \_\_\_\_\_ IV every \_\_\_\_\_ for \_\_\_\_\_
- ◆ Other: \_\_\_\_\_
- ◆ Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
- ◆ Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.
- ◆ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
- ◆ Infusion Reaction Management per Infusion Solutions protocol as needed.

**Nursing Orders:**

If no central IV access, RN to insert peripheral IV and rotate site every 72 to 120 hours or as needed.

Other: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Labs:**

\_\_\_\_\_  weekly  every \_\_\_\_\_

\_\_\_\_\_  weekly  every \_\_\_\_\_

\_\_\_\_\_  weekly  every \_\_\_\_\_

\_\_\_\_\_  
*Prescriber Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Please Print Name*