Infusion Solutions Inc.
Home Infusion & Specialty Pharmacy

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

Patient Name:_____
Date of Birth:_____ IV Access:_____
Ht:_____ Wt:_____
Address:_____
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 ☐

  OR

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

Nursing Orders:

☐ Other:

Labs:

☐ _____ ☐ weekly ☐ every _____

☐ _____ ☐ weekly ☐ every _____

☐ _____ ☐ weekly ☐ every _____

_____ _____

Prescriber Signature *Date*

_____

Please Print Name