



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

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

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

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

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

### **Methylprednisolone (Solu-Medrol) Order Form**

Please fax this form, copies of insurance cards, demographics, and supporting clinical documentation to  
**(360) 933-1197** to facilitate an efficient referral. Thank you for choosing Infusion Solutions!

**Diagnoses:**

Multiple Sclerosis

ICD-10: G35

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

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

**Medication Orders:**

Methylprednisolone 1 gram IV every 24 hours for 3 days

Methylprednisolone \_\_\_\_\_ IV every \_\_\_\_\_ for \_\_\_\_\_

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

- ◆ Alteplase 2mg IV to de clot central IV access per Infusion Solutions protocol as needed for occlusion.
- ◆ Flush line with 0.9% NaCl, D5W 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, rotate site as needed, and remove at end of therapy.

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

\_\_\_\_\_

**Lab Orders:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**KEY:** ◆ Orders are initiated unless crossed out by provider.

Check box to initiate order.