

Print Patient Name (Required)		
	DOB	
Height (cm):		
Weight (kg):		

BSA (m2): Allergies: _

Place Patient Barcode Here

Port Broviac PICC Place Peripheral IV ☑ Topical anesthetic per protocol ☑ Normal Saline/Heparin Flush per protocol Premedications	Admit to:	Diagnosis:	Infusion Date:
Acetaminophen = mg PO (max dose 1000 mg) Diphenhydramine = mg IV or PO (max dose 50 mg) Other: mg IV or PO (max dose 50 mg) Other: mg IV or PO (max dose 50 mg) Other: mg IV or PO (max dose 50 mg) Other: mg IV or PO (max dose 50 mg) Other: mg IV or PO (max dose 50 mg) Other: mg IV or PO (max dose 50 mg) Others	☐ Port ☐ Broviac ☐ PICC ☐ PI	· -	cal anesthetic per protocol
Acetaminophen = mg PO (max dose 1000 mg) Diphenhydramine = mg IV or PO (max dose 50 mg) Other: (max 300mg) mg IV in 5% Dextrose over 1-2 hours Pentamidine 4mg/kg (max 300mg) mg IV in 5% Dextrose over 1-2 hours Nursing Orders	☑ Normal Saline/Heparin Flush	per protocol	
Diphenhydramine = mg IV or PO (max dose 50 mg) Other: Other:		Premedication	าร
Other:	☐ Acetaminophen =n	ng PO (max dose 1000 mg)	
Nursing Orders Weigh patient prior to infusion. Monitor Vital Signs at the beginning and the end of the infusion. Obtain the following labs with IV or central line access prior to the start of infusion: CBC CMP BMP ALT AST UA IGG IGG/IGA/IGM Other: Call lab results prior to starting infusion **Fax all lab results prior to starting infusion **Fax all lab results to ordering provider** Discharge once infusion completed Discharge 30 minutes post infusion PRN medications: Ibuprofen (10 mg/kg) = mg (Max 800 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to must wait at least 4 hrs from any prior dose) Medications for allergic reaction (hives/itching/flushing, etc): If allergic reaction occurs, call ordering provider immediately and give all medications ordered below. Do not delay administering medications on provider response. If ordering provider does not respond in 15 minutes call a Code of Diphenhydramine (1mg/kg) = mg (Max 50 mg) IV or PO once (must wait at least 4 hrs from any prior dose) Famotidine (0.5 mg/kg) = mg (max 20 mg) IV once (must wait at least 4 hrs from any prior steroid dose) For Anaphylaxis (Call a Code Blue): < 10 kg: Epinephrine 1 mg/mL (0.01 mg/kg) = mg IM once < 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen Jr.) IM once < 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM once < 0 cm Infusion Frequency: < 0	☐ Diphenhydramine =	mg IV or PO (max dose 50 mg)	
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