

Height _____ Weight ____

Cottage Grove Infusion 1515 Village Drive Cottage Grove, OR 97424 Phone 541-767-5447 Fax 541-767-5399 E-Fax 541-434-3164

General INFUSION Order Set (v. 05/21/2024)

Diagn	agnosis/Indication (ICD-10):	
Medicat		
_		
•		
Labs:		
Nursing	ing communications:	
	■ Vital signs: Initial and as needed during infusion	
Access:	z.	
	Insert peripheral IV	
 Every visit, remove after IV administration complete 		
	Access & Use Central Line/ CVAD	
	 Initiate Central Line (Non-PICC) Maintenance Protocol 	
	 Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for 	or Port-a-Cath line care
	 Alteplase (Cathflo) 2 mg as needed for occluded catheter. to 2 hours, instill a 2nd dose if occluded 	For clearing central line catheter- retain in catheter for 30 minutes
Access & Use PICC		
	 Initiate PICC Maintenance Protocol 	
	 Normal saline flush 3 mL as needed for PICC/ Hickman lin 	e care
	 Alteplase (Cathflo) 2 mg as needed for occluded catheter hours, instill a 2nd dose if occluded 	For clearing central line catheter- retain in catheter for 30 minutes to 2
Emerge	gency Medications:	
•	DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for n	nild to moderate drug reactions (flushing, dizziness, headaches,
		es (>/= 20 points in SBP), nausea, urticaria, chills, pruritic). Administer 25
	MethylPREDNISolone sodium succinate (Solu-MEDROI) 125 m	g IV once as needed for shortness of breath, continued symptoms of
20 p	·	resis, fever, palpitations, chest discomfort, blood pressure changes (>/=
	Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does n	not resolve in 3 minutes may repeat 0.3 mg $\rm I\!M$ dose for a total of 0.6 mg.
	void use of hand, foot, leg veins in elderly patient and those with occl	
■ Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.		ergic reaction.
•	May give emergency medications IM if IV route unavailable	
Patient na	name:	Provider printed name:
		•
DOB:		Provider signature:

Date: _____ Time: ____