

## METHYLPREDNISOLONE INFUSION Columbia Network Infusion Centers

Select Location:    Southwest/Vancouver    St John/Longview   Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Patient Vitals: Height \_\_\_\_\_ Weight \_\_\_\_\_

### Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

Supportive Care	Interval
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- |   |           |
|---|-----------|
| <input checked="" type="checkbox"/> METHYLPREDNISOLONE SODIUM SUCCINATE IV/IM ORDERABLE | Route: IV |
| Dose _____ Frequency _____  |           |

Vascular Access (single select)	Interval
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- |   |             |
|---|-------------|
| <input type="radio"/> IV  | Every Visit |
| <ul style="list-style-type: none"> <li>- Insert peripheral IV</li> <li>- sodium chloride (NS) flush 10 mL<br/><i>10 mL As Needed for Line Care</i></li> </ul>   |             |
| <input type="radio"/> Central line (non-PICC)   | Every Visit |
| <ul style="list-style-type: none"> <li>- Access vascular device and confirm patency</li> <li>- Initiate Central line (non-PICC) maintenance protocol</li> <li>- sodium chloride (NS) flush 10 mL<br/><i>10 mL As Needed for Line Care prior to medication administration PRN</i></li> <li>- sodium chloride (NS) flush 10 mL<br/><i>10 mL As Needed for Line Care post medication administration PRN</i></li> <li>- sodium chloride (NS) flush 20 mL<br/><i>20 mL As Needed for Line Care post lab draw PRN</i></li> <li>- sodium chloride (NS) flush 10 mL<br/><i>10 mL for Line Care at discharge and de-access every visit</i></li> <li>- heparin 100 units/mL 5 mL<br/><i>5 mL for de-access every visit</i></li> <li>- alteplase (CATHFLO) injection 2 mg<br/><i>Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i></li> </ul> |             |
| <input type="radio"/> PICC line   | Every Visit |
| <ul style="list-style-type: none"> <li>- Access vascular device and confirm patency</li> <li>- Initiate PICC maintenance protocol</li> </ul>  |             |

Provider Signature	Date	Time
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Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

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**METHYLPREDNISOLONE INFUSION**

- Nursing Communication  
*Change PICC line dressing weekly and PRN*
- sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care prior to medication administration PRN*
- sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care post medication administration PRN*
- sodium chloride (NS) flush 20 mL  
*20 mL As Needed for Line Care post lab draw PRN*
- alteplase (CATHFLO) injection 2 mg  
*Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded*

PRN Medications	Interval	
<input type="radio"/> sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	PRN	Route: IV
<input type="radio"/> sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i>	PRN	Route: IV

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Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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