



Change order details by crossing out unwanted information and writing in desired details/instructions.  
Place a line through the  to remove the pre-checked option.

## METHYLPREDNISOLONE INFUSION (2-DAY) [11500652] Therapy Plan To Be Used In Infusion Center

Infusion Center Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

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

Authorization Number: \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Supportive Care	Interval
-----------------	----------

<input type="checkbox"/> METHYLPREDNISOLONE SODIUM SUCCINATE IV/IM ORDERABLE	Route:
<i>Starting when released, For 1 dose, Day 1 of 2</i>	
Dose _____	Frequency _____

Provider Communication Orders	Interval
-------------------------------	----------

<input type="checkbox"/> Provider Communication	Once
<i>Starting when released Select most appropriate orders (one set only) for IV access / central line - if selecting a central line access set of orders, then de-select IV access.</i>	

Nursing Orders	Interval
----------------	----------

<input type="checkbox"/> Insert peripheral IV	PRN	
<i>Starting when released</i>		
<input type="checkbox"/> Access & Use Central Line/CVAD	PRN	
<i>Starting when released Access vascular device and confirm patency.</i>		
<input type="checkbox"/> Access & Use Central Line/CVAD	PRN	
<i>Starting when released Access vascular device and confirm patency.</i>		
<input type="checkbox"/> sodium chloride (NS) flush 10 mL	PRN	Route: IV
<i>Line Care, Starting when released</i>		
<input type="checkbox"/> Initiate Central Line (Non-PICC) Maintenance Protocol	PRN	
<i>Starting when released</i>		
<input type="checkbox"/> Initiate PICC Maintenance Protocol	PRN	
<i>Starting when released</i>		
<input type="checkbox"/> sodium chloride 0.9 % injection 10 mL	PRN	Route: IV
<i>Other, Line Care prior to medication administration, Starting when released</i>		
<input type="checkbox"/> Nursing Communication	PRN	
<i>Starting when released Change PICC line dressing weekly and as needed.</i>		
<input type="checkbox"/> sodium chloride 0.9 % injection 10 mL	PRN	Route: IV
<i>Other, Line Care post medication administration, Starting when released</i>		
<input type="checkbox"/> sodium chloride 0.9 % injection 10 mL	PRN	Route: IV
<i>Other, Line Care prior to medication administration, Starting when released</i>		
<input type="checkbox"/> sodium chloride 0.9 % injection 20 mL	PRN	Route: IV
<i>Other, Line Care post lab draw, Starting when released</i>		

Provider Signature	EHR User ID	Date	Time
--------------------	-------------	------	------

Initials \_\_\_\_\_

Place Patient Label Here

