



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.

## THERAPY PLAN TEMPLATE [11500414] Therapy Plan To Be Used In Infusion Center

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

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

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

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

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>		
<input type="checkbox"/> sodium chloride 0.9 % injection 10 mL	PRN	Route: IV
<i>Other, Line Care post medication administration, Starting when released</i>		

Provider Signature	EHR User ID	Date	Time
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Initials \_\_\_\_\_

Place Patient Label Here

<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care at discharge and de-access, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 20 mL <i>Other, Line Care post lab draw, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	heparin, porcine (PF) 100 unit/mL flush 500 Units <i>Line Care, for de-access, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	alteplase (CATHFLO) injection 2 mg <i>Other, Line Care, 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 by 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>	PRN	Route: Intra-Catheter
<input type="checkbox"/>	alteplase (CATHFLO) injection 2 mg <i>Other, Line care, 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 by 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>	PRN	Route: Intra-Catheter
<b>PRN Medications</b>		<b>Interval</b>	
<input type="checkbox"/>	sodium chloride (NS) flush 10 mL <i>10 mL As Needed IV Line Care, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % bolus 500 mL <i>500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr)</i>	PRN	Route: IV
<b>Emergency Medications</b>		<b>Interval</b>	
<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection 25-50 mg <i>25 to 50 mg Once As Needed IV Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25mg IV dose for a total of 50 mg, and notify provider</i>	PRN	Route: IV
<input type="checkbox"/>	albuterol 90 mcg/actuation inhaler 2 puff <i>2 puff Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider, Starting when released, Administer with a spacer if available.</i>	PRN	Route: Inhalation
<input type="checkbox"/>	methyIPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg <i>125 mg Once As Needed IV For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, For 1 dose</i>	PRN	Route: IV
<input type="checkbox"/>	EPINEPHrine (ADRENALIN) injection 0.5 mg <i>0.5 mg Once As Needed Intramuscular Other, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (&gt;= 40 points in SBP), shortness of breath with wheezing and O2Sat &lt;90%), and notify provider, For 1 dose</i>	PRN	Route: Intramuscular

Provider Signature

EHR User ID

Date

Time

Initials

Place Patient Label Here

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EHR0248-DT (02/15/2024)

**THERAPY PLAN TEMPLATE**

Prog & Orders