AMPHOTERICIN AMBISOME - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 of 2

Defaults for orders not otherwise specified below:
- Interval: once
- Interval: Every ___ days

Duration:
- Until date: __________
- 1 year
- _____ # of Treatments

Anticipated Infusion Date __________
ICD 10 Code with Description ________________________________

Height _______ (cm) Weight ________ (kg)

Provider Specialty
- Allergy/Immunology
- Infectious Disease
- OB/GYN
- Rheumatology
- Cardiology
- Internal Med/Family Practice
- Other
- Surgery
- Gastroenterology
- Nephrology
- Otolaryngology
- Urology
- Genetics
- Neurology
- Pulmonary
- Wound Care

Site of Service
- SH Gerber
- SH Lemmen Holton (GR)
- SH Pennock
- SH United Memorial
- SH Helen DeVos (GR)
- SH Ludington
- SH Reed City
- SH Zeeland

Appointment Requests

- Infusion Appointment Request
  Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after infusion and possible labs

Nursing Orders

- ONC NURSING COMMUNICATION 100
  May Initiate IV Catheter Patency Adult Protocol

Vitals

- Vital Signs
  Routine, PRN, Starting S, Take vital signs at initiation and completion of infusion and as frequently as indicated by patient’s symptoms

Labs

<table>
<thead>
<tr>
<th>Test</th>
<th>Interval</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>Complete Blood Count w/Differential</td>
<td>Every ___ days</td>
<td>Until date: __________</td>
</tr>
<tr>
<td></td>
<td>Once</td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td></td>
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<thead>
<tr>
<th>Test</th>
<th>Interval</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Basic Metabolic Panel (BMP)</td>
<td>Every ___ days</td>
<td>Until date: __________</td>
</tr>
<tr>
<td></td>
<td>Once</td>
<td>1 year</td>
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<tbody>
<tr>
<td>Comprehensive Metabolic Panel (CMP)</td>
<td>Every ___ days</td>
<td>Until date: __________</td>
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<td></td>
<td>Once</td>
<td>1 year</td>
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<th>Duration</th>
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<tbody>
<tr>
<td>C Reactive Protein (CRP), Blood Level</td>
<td>Every ___ days</td>
<td>Until date: __________</td>
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<td>Once</td>
<td>1 year</td>
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CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
### Labs (continued)

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<thead>
<tr>
<th>Status</th>
<th>Interval</th>
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<tbody>
<tr>
<td>Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous</td>
<td>Every ___ days</td>
<td>Until date: _______</td>
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<td>1 year</td>
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- **Creatine Kinase (CK), Blood Level**

- **Sedimentation rate**

- **Other Labs:**

### Hydration

- **sodium chloride 0.9% bolus injection**
  - Dose:
    - 100 ml
    - 500 ml
    - 1000 ml
    - 2000 ml
  - Intravenous, for 60 Minutes, Once, Starting H, For 1 Doses
  - Administer 60 minutes prior to infusion.

### Pre-Medications

- **acetaminophen (TYLENOL) tablet 650 mg**
  - 650 mg, Oral, Once, Starting H+30 Minutes, For 1 Doses
  - Administer 30 to 60 minutes prior to infusion.

- **diphenhydrAMINE (BENADRYL) capsule**
  - Dose:
    - 25 mg
    - 50 mg
  - Oral, Once, Starting H+30 Minutes, For 1 Doses
  - Administer 30 to 60 minutes prior to infusion

### Medications

- **dextrose 5% flush 5 mL**
  - 5 mL, Intravenous, Once, Starting H+60 Minutes, For 1 Doses
  - Flush line with dextrose 5% PRIOR to administration of amphotericin B liposomal (AMBISOME)

- **amphotericin B (liposomal) (AMBISOME) IV**
  - Intravenous, for 2 Hours, Once, Starting H+60 Minutes, For 1 Doses
  - Dose:
    - 3 mg/kg
    - 4 mg/kg
    - 5 mg/kg
  - Flush before and after dose with dextrose 5%

- **dextrose 5% flush 5 mL**
  - 5 mL, Intravenous, Once, Starting H+180 Minutes, For 1 Doses
  - Flush line with dextrose 5% AFTER administration of amphotericin B liposomal (AMBISOME)

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**NOTE:** Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

<table>
<thead>
<tr>
<th>TRANSCRIBED:</th>
<th>DATE</th>
<th>VALIDATED:</th>
<th>TIME</th>
<th>DATE</th>
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<th>TIME</th>
<th>DATE</th>
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**Sign** | **R.N. Sign** | **Physician Print** | **Physician**

**EPIC VERSION DATE:** 07/16/20