



Patient Name
DOB
MRN
Physician
FIN

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

Treatment intent

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Conditioning | <input type="checkbox"/> Curative | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Control | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Palliative | |

Types: NON-ONCOLOGY SUPPORTIVE CARE

Synonyms: NEPHROLOGY, KIDNEY, TRANSPLANT, RENAL, SOLID ORGAN TRANSPLANT

Week 2 post-transplant	Day 1	Cycle length: 14 days
Day 1		Perform every 1 day x 1

Appointment Requests

- ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST**
Interval: Once Occurrence: Once
Expected: S, Expires: S+365, 120 minutes (calculated), Schedule appointment at most 3 days before or at most 3 days after

Provider Ordering Guidelines

- ONC PROVIDER REMINDER 2**
Interval: Once
Comments: BELATACEPT (NULOJIX):
Tuberculosis surveillance and maintenance: Screen and treat latent infection prior to starting therapy.

Dosing is based on actual body weight at the time of belatacept initiation; do not modify weight-based dosing during course of therapy unless the change in body weight is greater than 10%.

Patients must be registered in the Nulojix Distribution Program and receive a unique patient identification number which will be required when placing orders for the drug.

Do not use Belatacept (Nulojix®) in transplant recipients who are EBV seronegative or with unknown serostatus.

Safety Parameters and Special Instructions

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**
Interval: Until discontinued
Comments: TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS:
Screen prior to treatment. Treat latent infection prior to starting therapy.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

CONTINUED ON PAGE 2 →

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



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Nursing Orders

ONC NURSING COMMUNICATION 2

Interval: Once

Comments: BELATACEPT (NULOJIX):
Infuse through a 0.2 micron, low protein binding inline filter.

Monitor vital signs with pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.

Notify physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

At the end of infusion, flush secondary line with 0.9% Sodium Chloride.

Patient to remain in the outpatient clinic for observation after each infusion, for minimum of 30 minutes.

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

Nursing Orders

ONC NURSING COMMUNICATION 100

Interval: Until discontinued

Comments: May Initiate IV Catheter Patency Adult Protocol



Vitals

VITAL SIGNS

Interval: PRN

Comments: Monitor vital signs with pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.

Notify physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

Labs

COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL

Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

COMPREHENSIVE METABOLIC PANEL

Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

PHOSPHORUS

Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous, Once



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Labs

ONC NURSING COMMUNICATION 46

Interval: Until discontinued Occurrence: Once
Comments: SOME INFUSION SITES HAVE POC URINE DIPSTICK AVAILABLE. Provider may order both labs.

NURSE to RELEASE/COLLECT either the POC urine dipstick or the lab urinalysis (UA) order. NURSE should cancel the urine test that is not needed.

URINALYSIS W/MICRO EXAM, CULTURE IF INDICATED

Future: S, Expires: S+400, URGENT, Clinic Collect, Urine, Urine clean catch, Once

POCT URINALYSIS DIPSTICK AUTOMATED

URGENT, Point of Care, Once

Labs

ONC PROVIDER REMINDER 28

Interval: Until discontinued
Comments: Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually.

Treatment Parameters

ONC MONITORING AND HOLD PARAMETERS 4

Interval: Until discontinued
Comments: May proceed with treatment if tuberculosis screening test with either TB Screen blood test (QuantiFERON® Gold Plus) or TB skin test have been resulted prior to first dose and the results are negative.

Medications

Belatacept (NULOJIX) 10 mg/kg IVPB

Dose: 10 mg/kg Route: Intravenous Once over 30 Minutes for 1 dose

Base Solution:

- Sodium chloride 0.9%, 100 mL
- Dextrose 5%, 100 mL

Start: S (when released)

Instructions:

Weeks 2, 4, 8 and 12. Administer with an infusion set with a 0.2 to 1.2 micron low-protein binding filter.

Week 4 post-transplant

Day 1

Cycle length: 28 days

Day 1

Perform every 1 day x 1

Appointment Requests

ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST

Interval: Once Occurrence: Once
Expected: S, Expires: S+365, 120 minutes (calculated), Schedule appointment at most 3 days before or at most 3 days after



Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



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Provider Ordering Guidelines

ONC PROVIDER REMINDER 2

Interval: Once

Comments: BELATACEPT (NULOJIX):
Tuberculosis surveillance and maintenance: Screen and treat latent infection prior to starting therapy.

Dosing is based on actual body weight at the time of belatacept initiation; do not modify weight-based dosing during course of therapy unless the change in body weight is greater than 10%.

Patients must be registered in the Nulojix Distribution Program and receive a unique patient identification number which will be required when placing orders for the drug.

Do not use Belatacept (Nulojix®) in transplant recipients who are EBV seronegative or with unknown serostatus.

Nursing Orders

ONC NURSING COMMUNICATION 2

Interval: Once

Comments: BELATACEPT (NULOJIX):
Infuse through a 0.2 micron, low protein binding inline filter.

Monitor vital signs with pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.

Notify physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

At the end of infusion, flush secondary line with 0.9% Sodium Chloride.

Patient to remain in the outpatient clinic for observation after each infusion, for minimum of 30 minutes.

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

Nursing Orders

ONC NURSING COMMUNICATION 100

Interval: Until discontinued

Comments: May Initiate IV Catheter Patency Adult Protocol

Vitals

VITAL SIGNS

Interval: PRN

Comments: Monitor vital signs with pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.

Notify physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



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Labs

COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL

Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

COMPREHENSIVE METABOLIC PANEL

Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

PHOSPHORUS

Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

ONC NURSING COMMUNICATION 46

Interval: Until discontinued Occurrences: Once

Comments: SOME INFUSION SITES HAVE POC URINE DIPSTICK AVAILABLE. Provider may order both labs.

NURSE to RELEASE/COLLECT either the POC urine dipstick or the lab urinalysis (UA) order. NURSE should cancel the urine test that is not needed.

URINALYSIS W/MICRO EXAM, C&S IF INDICATED

Future: S, Expires: S+400, URGENT, Clinic Collect, Blood, Blood Venous, Once

POCT URINALYSIS DIPSTICK AUTOMATED

URGENT, Point of Care, Once

Medications

Belatacept (NULOJIX) 10 mg/kg

Route: Intravenous Once over 30 Minutes for 1 dose

Dose: 10 mg/kg

Base Solution:

- Sodium chloride 0.9%, 100 mL
- Dextrose 5%, 100 mL

Start: S (when released)

Instructions:

Weeks 2, 4, 8 and 12. Administer with an infusion set with a 0.2 to 1.2 micron low-protein binding filter.



Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



Week 8 post-transplant

Day 1

Cycle length: 28 days

Day 1

Perform every 1 day x 1

Appointment Requests

ONC BCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST

Interval: Once Occurrence: Once

Expected: S, Expires: S+365, 120 minutes (calculated), Schedule appointment at most 3 days before or at most 3 days after



Patient Name
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MRN
Physician
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Provider Ordering Guidelines

● ONC PROVIDER REMINDER 2

Interval: Once

Comments: BELATACEPT (NULOJIX):

Tuberculosis surveillance and maintenance: Screen and treat latent infection prior to starting therapy.

Dosing is based on actual body weight at the time of belatacept initiation; do not modify weight-based dosing during course of therapy unless the change in body weight is greater than 10%.

Patients must be registered in the Nulojix Distribution Program and receive a unique patient identification number which will be required when placing orders for the drug.

Do not use Belatacept (Nulojix®) in transplant recipients who are EBV seronegative or with unknown serostatus.

Nursing Orders

● ONC NURSING COMMUNICATION 2

Interval: Once

Comments: BELATACEPT (NULOJIX):

Infuse through a 0.2 micron, low protein binding inline filter.

Monitor vital signs with pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.

Notify physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

At the end of infusion, flush secondary line with 0.9% Sodium Chloride.

Patient to remain in the outpatient clinic for observation after each infusion, for minimum of 30 minutes.

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

Nursing Orders

● ONC NURSING COMMUNICATION 100

Interval: Until discontinued

Comments: May Initiate IV Catheter Patency Adult Protocol

Vitals

● VITAL SIGNS

Interval: PRN

Comments: Monitor vital signs with pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.

Notify physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.



Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



Patient Name
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Labs

COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL

Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

COMPREHENSIVE METABOLIC PANEL

Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

PHOSPHORUS

Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

ONC NURSING COMMUNICATION 46

Interval: Until discontinued

Comments: SOME INFUSION SITES HAVE POC URINE DIPSTICK AVAILABLE. Provider may order both labs.

NURSE to RELEASE/COLLECT either the POC urine dipstick or the lab urinalysis (UA) order. NURSE should cancel the urine test that is not needed.

URINALYSIS W/MICRO EXAM, C&S IF INDICATED

Future: S, Expires: S+400, URGENT, Clinic Collect, Blood, Blood Venous, Once

POCT URINALYSIS DIPSTICK AUTOMATED

URGENT, Point of Care, Once

Medications

Belatacept (NULOJIX) 10 mg/kg

Route: Intravenous Once over 30 Minutes for 1 dose

Dose: 10 mg/kg

Base Solution:

- Sodium chloride 0.9%, 100 mL
- Dextrose 5%, 100 mL

Start: S (when released)

Instructions:

Weeks 2, 4, 8 and 12. Administer with an infusion set with a 0.2 to 1.2 micron low-protein binding filter.



Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



Week 12 post-transplant

Day 1

Cycle length: 28 days

Day 1

Perform every 1 day x 1

Appointment Requests

ONCBN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST

Interval: Once

Occurrence: Once

Expected: S, Expires: S+365, 120 minutes (calculated), Schedule appointment at most 3 days



Patient Name
DOB
MRN
Physician
FIN

before or at most 3 days after

Provider Ordering Guidelines

ONC PROVIDER REMINDER 2

Interval: Once

Comments: BELATACEPT (NULOJIX):

Tuberculosis surveillance and maintenance: Screen and treat latent infection prior to starting therapy.

Dosing is based on actual body weight at the time of belatacept initiation; do not modify weight-based dosing during course of therapy unless the change in body weight is greater than 10%.

Patients must be registered in the Nulojix Distribution Program and receive a unique patient identification number which will be required when placing orders for the drug.

Do not use Belatacept (Nulojix®) in transplant recipients who are EBV seronegative or with unknown serostatus.

Nursing Orders

ONC NURSING COMMUNICATION 2

Interval: Once

Comments: BELATACEPT (NULOJIX):

Infuse through a 0.2 micron, low protein binding inline filter.

Monitor vital signs with pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.

Notify physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

At the end of infusion, flush secondary line with 0.9% Sodium Chloride.

Patient to remain in the outpatient clinic for observation after each infusion, for minimum of 30 minutes.

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

Nursing Orders

ONC NURSING COMMUNICATION 100

Interval: Until discontinued

Comments: May Initiate IV Catheter Patency Adult Protocol

Vitals

VITAL SIGNS

Interval: PRN

Comments: Monitor vital signs with pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.

Notify physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



Patient Name
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Labs

COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL

Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

COMPREHENSIVE METABOLIC PANEL

Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

PHOSPHORUS

Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

ONC NURSING COMMUNICATION 46

Interval: Until discontinued

Comments: SOME INFUSION SITES HAVE POC URINE DIPSTICK AVAILABLE. Provider may order both labs.

NURSE to RELEASE/COLLECT either the POC urine dipstick or the lab urinalysis (UA) order. NURSE should cancel the urine test that is not needed.

URINALYSIS W/MICRO EXAM, C&S IF INDICATED

Future: S, Expires: S+400, URGENT, Clinic Collect, Blood, Blood Venous, Once

POCT URINALYSIS DIPSTICK AUTOMATED

URGENT, Point of Care, Once

Medications

Belatacept (NULOJIX) 10 mg/kg

Route: Intravenous Once over 30 Minutes for 1 dose

Dose: 10 mg/kg

Base Solution:

Sodium chloride 0.9%, 100 mL

Dextrose 5%, 100 mL

Start: S

Instructions:

Weeks 2, 4, 8 and 12. Administer with an infusion set with a 0.2 to 1.2 micron low-protein binding filter.

Maintenance Every 4 Weeks

Repeat 4 times (Total of 4 Maintenance Cycles)

Cycle length: 28 days

Day 1

Perform every 1 day x 1

Appointment Requests

ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST

Interval: Once

Occurrence: 4 Treatment Cycles

Expected: S, Expires: S+365, 120 minutes (calculated), Schedule appointment at most 3 days



Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



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before or at most 3 days after

Provider Ordering Guidelines

ONC PROVIDER REMINDER 2

Interval: Once Occurrences: 4 Treatment Cycles

Comments: BELATACEPT (NULOJIX):

Tuberculosis surveillance and maintenance: Screen and treat latent infection prior to starting therapy.

Dosing is based on actual body weight at the time of belatacept initiation; do not modify weight-based dosing during course of therapy unless the change in body weight is greater than 10%.

Patients must be registered in the Nulojix Distribution Program and receive a unique patient identification number which will be required when placing orders for the drug.

Do not use Belatacept (Nulojix®) in transplant recipients who are EBV seronegative or with unknown serostatus.

Nursing Orders

ONC NURSING COMMUNICATION 2

Interval: Once Occurrences: 4 Treatment Cycles

Comments: BELATACEPT (NULOJIX):

Infuse through a 0.2 micron, low protein binding inline filter.

Monitor vital signs with pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.

Notify physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

At the end of infusion, flush secondary line with 0.9% Sodium Chloride.

Patient to remain in the outpatient clinic for observation after each infusion, for minimum of 30 minutes.

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

Nursing Orders

ONC NURSING COMMUNICATION 100

Interval: Until discontinued Occurrences: 4 Treatment Cycles

Comments: May Initiate IV Catheter Patency Adult Protocol

Vitals

VITAL SIGNS

Interval: PRN Occurrences: 4 Treatment Cycles

Comments: Monitor vital signs with pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.

Notify physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify



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if greater than 20% decrease in systolic or diastolic blood pressure.

Labs

COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL

Interval: Once Occurrences: 4 Treatment Cycles
Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

COMPREHENSIVE METABOLIC PANEL

Interval: Once Occurrences: 4 Treatment Cycles
Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

PHOSPHORUS

Interval: Once Occurrences: 4 Treatment Cycles
Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous, Once

Labs

ONC NURSING COMMUNICATION 46

Interval: Until discontinued Occurrences: 4 Treatment Cycles
Comments: SOME INFUSION SITES HAVE POC URINE DIPSTICK AVAILABLE. Provider may order both labs.

NURSE to RELEASE/COLLECT either the POC urine dipstick or the lab urinalysis (UA) order. NURSE should cancel the urine test that is not needed.

URINALYSIS W/MICRO EXAM, C&S IF INDICATED

Interval: Once Occurrences: 4 Treatment Cycles
Future: S, Expires: S+400, URGENT, Clinic Collect, Blood, Blood Venous, Once

POCT URINALYSIS DIPSTICK AUTOMATED

Interval: Once Occurrences: 4 Treatment Cycles
URGENT, Point of Care, Once

Medications

belatacept (NULOJIX) 5 mg/kg

Dose: 5 mg/kg Route: Intravenous Once over 30 Minutes for 1 dose

Base Solution:

- Sodium chloride 0.9%, 100 mL
- Dextrose 5%, 100 mL

Start: S

Instructions:

Maintenance dose. Administer with an infusion set with a 0.2 to 1.2 micron low-protein binding filter.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

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

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE: