



Patient Name _____
DOB _____
MRN _____
Physician _____
FIN _____

Defaults for orders not otherwise specified below:

- Interval: Once
- Interval: PRN: _____ # of appointment requests every _____ days
- Interval: Every _____ day

Duration:

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

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 |

Appointment Requests

	Interval	Duration
<input checked="" type="checkbox"/> 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,	Once	1 treatment

Update the INTERVAL and DURATION on ALL the signed orders in the Therapy Plan to reflect the patient specific treatment

Nursing Orders

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

Electrolyte Replacement: Magnesium

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4**
Magnesium serum level = 1.8 to 2.5 mg/dL: No intervention

- magnesium sulfate injection 2 g/50mL (Premix)**
2 g, Intravenous, Administer over 60 Minutes (50 ml/hr), Once, Starting S, For 1 Doses
Magnesium serum level = 1.6 to 1.7 mg/dL. Total dose 2 Gm.

- magnesium sulfate injection 2 g/50mL (Premix)**
2 g, Intravenous, Administer over 60 Minutes (50 ml/hr), Every 1 hour, Starting S, For 2 Doses
Magnesium serum level = 1.4 to 1.5 mg/dL. Total dose 4 Gm.

- magnesium sulfate injection 2 g/50mL (Premix)**
2 g, Intravenous, Administer over 60 Minutes (50 ml/hr), Every 1 hour, Starting S, For 3 Doses
Magnesium serum level = 1.2 to 1.3 mg/dL. Total dose 6 Gm.

- magnesium sulfate injection 2 g/50mL (Premix)**
2 g, Intravenous, Administer over 60 Minutes (50 ml/hr), Once, Starting S, For 1 Doses
Magnesium serum level LESS THAN 1.2 mg/dL: Initiate Magnesium Sulfate 2 Gm IVPB ONCE AND notify APP or attending for additional magnesium sulfate supplementation and/or laboratory orders

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

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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Electrolyte Replacement: Potassium

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**
Potassium serum level = 3.5 to 4.9 mmol/L: No intervention

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**
Potassium GREATER THAN 5 mmol/L: Notify APP or attending AND release order for 12-lead electrocardiogram

- potassium chloride SA (K-DUR, KLOR-CON M) CR tablet 40 mEq**
40 mEq, Oral, Once, Starting S, For 1 Doses
Potassium serum level = 3.3 to 3.4 mmol/L. Give ORAL replacement if patient is able to tolerate PO.

- potassium chloride 20 mEq in 100mL bag (Premix)**
20 mEq, Intravenous, Administer 60 Minutes (100 ml/hr), Once, Starting S, For 1 Doses
Use IV route if patient is unable to tolerate oral replacement. Potassium serum level = 3.3 to 3.4 mmol/L. Total dose 20 mEq.

- potassium chloride 20 mEq in 100mL bag (Premix)**
20 mEq, Intravenous, Administer 60 Minutes (100 ml/hr), Every 1 hour, Starting S, For 2 Doses
Potassium serum level = 3.1 to 3.2 mmol/L. Total dose 40 mEq.

- potassium chloride 20 mEq in 100mL bag (Premix)**
20 mEq, Intravenous, Administer 60 Minutes (100 ml/hr), Every 1 hour, Starting S, For 3 Doses
Potassium serum level 2.8 to 3 mmol/L. Total dose 60 mEq. Check potassium level after completion of infusions.

- potassium chloride 20 mEq in 100mL bag (Premix)**
20 mEq, Intravenous, Administer 60 Minutes (100 ml/hr), Once, Starting S, For 1 Doses
For patients with serum potassium level LESS THAN 2.8 mmol/L initiate potassium chloride 20 mEq over 1 hour, notify provider and release order for 12-lead electrocardiogram; release order and collect sample for potassium blood level after completion of infusion.

- Electrocardiogram, Complete**
Routine, Hospital Performed, Status: Future, Expected: S, Expires: S+365

- Potassium, Blood Level**
Status: Future, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

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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