Physician's Orders
METHOTREXATE FOR ECTOPIC PREGNANCY - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 to 1

Defaults for orders not otherwise specified below:

- Interval: Once

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

Anticipated Infusion Date___________ ICD 10 Code with Description_____________________________________

Height_____________(cm) Weight____________(kg) Allergies________________________________________

Provider Specialty
- ☐ Allergy/Immunology
- ☐ Cardiology
- ☐ Gastroenterology
- ☐ Genetics
- ☐ Site of Service

- ☐ SH Gerber
- ☐ SH Helen DeVos (GR)

Provider Ordering Guidelines

☑ ONC PROVIDER REMINDER 12
METHOTREXATE:

Measure serum hCG levels on days 4 and 7; if needed, repeat dose.

Prior to therapy, measure serum hCG, CBC with differential and platelets, liver function tests, serum creatinine. Serum hCG concentrations should decrease between treatment days 4 and 7. If hCG decreases by greater than 15%, additional courses are not needed however, continue to measure hCG weekly until no longer detectable. If less than 15% decrease is observed, repeat dose per regimen.

Nursing Orders

☑ ONC NURSING COMMUNICATION 104 (For Zeeland Infusion Only)

Patient should be given a copy of the Methotrexate for Ectopic or Other Non-viable Pregnancy Patient Information and Discharge Sheet.

Refer to Policy: Methotrexate Administration (Zeeland Hospital) - https://spectrumhealth.policytech.com/docview/?docid=11156&anonymous=true

Medications

☑ methotrexate (NON-ONCOLOGY) 50 MG/2ML injection 50 mg/m2 (Treatment Plan)

50 mg/m2, Intramuscular, Once, Starting S, For 1 Doses

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: _______ DATE: ________

Validated: _______ DATE: ________

Ordered: _______ DATE: ________

Pager #

Sign ________ R.N. Sign ________ Physician Print ________

Patient Name
DOB
MRN
Physician
FIN

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.