



Patient Name  
DOB  
MRN  
Physician  
FIN

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       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, Injection

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

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.