Defaults for orders not otherwise specified below:
- Interval: Every 1 day
- Interval: Every 7 days
- Interval: Every ____ days

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)

Appointment Requests
- Infusion Appointment Request
  Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion

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

Medications
- methylPREDNISolone sodium succinate
  (SOLU-Medrol) mg in sodium chloride 0.9 % IVPB

Dose:  
- ☐ 125 mg
- ☐ 500 mg
- ☐ 1,000 mg
- ☐ _____ mg

Administer Over:
- ☐ 30 Minutes
- ☐ 60 Minutes
- ☐ 90 Minutes

Intravenous, 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.

EPIC VERSION DATE: 07/16/20

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