Defaults for orders not otherwise specified below:
- Interval: Once
- 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
- ☐ 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, Infusion and possible labs

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

Labs
- ☐ Complete Blood Count w/Differential
  Once
  Every _____ days

- ☐ Basic Metabolic Panel (BMP)
  Once
  Every _____ days

- ☐ Comprehensive Metabolic Panel (CMP)
  Once
  Every _____ days

- ☐ C Reactive Protein (CRP), Blood Level
  Once
  Every _____ days

- ☐ Creatine Kinase (CK) Level
  Once
  Every _____ days

CONTINUED ON PAGE 2 ➔
Labs (continued)

<table>
<thead>
<tr>
<th>Interval</th>
<th>Sedimentation rate</th>
<th>Interval</th>
<th>Other labs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Once</td>
<td>☐ Once</td>
<td>☒ Once</td>
</tr>
<tr>
<td></td>
<td>☐ Every ___ days</td>
<td>☐ Every ___ days</td>
<td>☒ Every ___ days</td>
</tr>
</tbody>
</table>


Medications

☑ micafungin (MYCAMINE) IVPB

Dose:

☐ 50 mg
☐ 100 mg
☐ 150 mg
☐ ___ mg

Intravenous, for 1 Hours, Once, Starting H, For 1 Doses

Do not mix or infuse with other products. Flush line with NS prior to administration.

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

EPIC VERSION DATE: 7/16/20

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