Spectrum Health

Physician's Orders MICAFUNGIN (MYCAMINE) - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
FIN

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

		Interval
☐	Complete Blood Count w/Differential Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once ☐ Every ____days
☐	Basic Metabolic Panel (BMP) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once ☐ Every ____days
☐	Comprehensive Metabolic Panel (CMP) Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once ☐ Every ____days
☐	C Reactive Protein (CRP), Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once ☐ Every ____days
☐	Creatine Kinase (CK) Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once ☐ Every ____days

CONTINUED ON PAGE 2 ➔

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

Patient Name

DOB

MRN

Physician

FIN

Labs (continued)

		Interval
☐	Sedimentation rate	☐ Once ☐ Every ____days
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	
☐	Other labs _____	☐ Once ☐ Every ____days

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.

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

EPIC VERSION DATE: 7/16/20

