Defaults for orders not otherwise specified below:

- Interval: Every 21 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
- ☐ 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

Lab Orders

- ☐ Labs: ____________________________________________________________
  - Every ___ days
  - Once
  - Until date: __________
  - 1 year
  - ______# of Treatments

- ☐ Labs: ____________________________________________________________
  - Every ___ days
  - Once
  - Until date: __________
  - 1 year
  - ______# of Treatments

Pre-Medications

- Ondansetron Premed-select Injection Or ODT

- ☐ ondansetron (ZOFRAN) IV 0.15 mg/kg (Treatment Plan) Max
  
  Dose of 4mg
  0.15 mg/kg. Intravenous, for 5 Minutes, Once, Starting H, For 1 Doses
  Give 30 to 60 minutes prior to infusion.
  Recommended maximum single dose is 16 mg

- ☐ ondansetron (ZOFRAN-ODT) disintegrating tab 0.15 mg/kg

  (Treatment Plan) Max Dose of 4mg
  0.15 mg/kg. Oral, Once, Starting H, For 1 Doses
  Give 30 to 60 minutes prior to infusion.
  Recommended maximum single dose is 16 mg

CONTINUED ON PAGE 2 ➔
Additional Pre-Medications

- Pre-medication with dose:
- Pre-medication with dose:

Medications

- pentamidine 2 mg/mL in D5W (PENTAM) IV syringe 4 mg/kg (Treatment Plan)
  4 mg/kg, Intravenous, for 90 Minutes, Once, Starting H+30 Minutes, For 1 Doses
  Protect from light. PCP prophylaxis

Vitals

- Vital Signs
  Routine, PRN, Starting S, Document vitals pre and post treatment with inhaled pentamidine.

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