Physician's Orders
PENTAMIDINE (PENTAM) - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 to 1

Defaults for orders not otherwise specified below:

- Interval: Every 28 days
- Interval: Every ___ days

Duration:
- 6 Treatments
- Until date: __________
- _____ # 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 Pennock
- SH United Memorial
- SH Helen DeVos (GR)
- SH Ludington
- SH Reed City
- SH Zeeland

Provider Reminder
- ONC PROVIDER REMINDER 11
  Interval: Once
  Duration: 1 treatment
  The following steps MUST be completed at the time of ordering this therapy plan for the patient to be scheduled for treatment:
  1. SIGN the orders.
  2. Begin Treatment 1.
  3. RELEASE the Pentamidine Therapy order.

Procedure
- Pentamidine Therapy
  Status: Standing, Expires:S+181 Auto, Count:6, Routine, Clinic Performed

Medications
- albuterol HFA (PROVENTIL HFA, VENTOLIN HFA, PROAIR HFA) inhaler 90 mcg inhaler
  2 puff, Inhalation, Once, Starting H, For 1 Doses
  Administer 30 minutes prior to pentamidine
  May Initiate Bronchodilator Protocol? No

- pentamidine (PENTAM) inhalation solution 300 mg
  300 mg, Nebulization, Once, Starting H+30 Minutes, For 1 Doses
  PCP prophylaxis. MUST include a bronchodilator 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.

<table>
<thead>
<tr>
<th>TRANSCRIBED: TIME</th>
<th>VALUATED: TIME</th>
<th>ORDERED: TIME</th>
<th>Pager #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign</td>
<td>R.N. Sign</td>
<td>Physician Print</td>
<td>Physician</td>
</tr>
</tbody>
</table>

EPIC VERSION DATE: 09/20/19

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