



Patient Name
DOB
MRN
Physician
FIN

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 United Memorial
- SH Helen DeVos (GR)
- SH Ludington
- SH Reed City
- SH Zeeland

Provider Reminder

- | | Interval | Duration |
|---|----------|-------------|
| <input checked="" type="checkbox"/> ONC PROVIDER REMINDER 11 | Once | 1 treatment |
| The following steps MUST be completed at the time of ordering this therapy plan for the patient to be schedule for treatment: | | |
| 1. SIGN the orders. | | |
| 2. Begin Treatment 1. | | |
| 3. RELEASE the Pentamidine Therapy order. | | |
| 4. Click Actions, Complete treatment. | | |

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.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
Sign		R.N. Sign		Physician Print		Physician

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.