



Patient Name: _____

Date of Birth: _____

 PHYO
 CMC85775-001NS Rev. 7/2021

**Methylprednisolone (SOLUMEDROL)
 (Rheumatology) Infusion Therapy Plan**
Baseline Patient Demographic

To be completed by the ordering provider.

 Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

 NKDA - No Known Drug Allergies Allergies: _____

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

 Treatment should begin: as soon as possible (within a week) within the month

****Plans must be reviewed / re-ordered at least annually. ****
ORDERS TO BE COMPLETED FOR EACH THERAPY
ADMIT ORDERS
 Height and weight

 Vital signs

Hypotension Defined Admit
 Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring.

Hypotension is defined as follows:

1 month to 1 year - systolic blood pressure (SBP) less than 70

1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)

11 years to 17 years - systolic blood pressure (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS
 Insert peripheral IV / Access IVAD

Place PIV if needed or access IVAD if available

 lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

0.2 mL, INTRADERMAL, PRN

 when immediate procedure needed when procedure will take about 1 minute patient / family preference for procedure

 Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets \leq 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

 lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

 when more than 60 minutes are available before procedure when procedure will take more than 1 hour

 patient / family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

 lidocaine - tetracaine (SYNERA) patch

TOPICAL, PRN

 when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour

 when anticipated pain is less than 5 mm from skin surface patient / family preference for procedure

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(Rheumatology) Infusion Therapy Plan****ORDERS TO BE COMPLETED FOR EACH THERAPY****NURSING ORDERS, CONTINUED** **lidocaine with transparent dressing 4% kit**

TOPICAL, PRN

 when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour patient / family preference for procedure **Heparin flush****heparin flush**

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

heparin flush

100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

 Sodium chloride flush**Sodium chloride flush 0.9% injection**

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

Sodium chloride - preservative free 0.9% injection

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

INTRA-PROCEDURE **Physician Communication Order**

The following sections of methylprednisolone - weekly, every two weeks, and every 4 weeks determines how often the pulse therapy will be repeated. Please select the section that is needed.

 Therapy Appointment Request**Please select department for the therapy appointment request:**

Expires in 365 days

 Dallas Special Procedures Plano Infusion Center Dallas Allergy Dallas Transplant Dallas Neurology **Methylprednisolone - Weekly** **Physician Communication Order****INTERVAL: PRN**

Dosing of methylprednisolone = 30 mg / kg (maximum of 1,000 mg) Please enter the dose of methylprednisolone in 'mg' to facilitate prior authorization requirements.

 Measure Blood Pressure**INTERVAL: Every visit**Monitor blood pressure every 15 minutes during methylprednisolone infusion. Hold infusion for blood pressure \geq _____ and contact ordering provider. **methyIPREDNISolone RTA infusion****INTERVAL: 1 time a week****Day 1**For doses \geq 10 mg / kg, see Policy 7.10.16, assess and document heart rate and blood pressure every 15 minutes during infusion and for 1 hour after the infusion is complete. Doses > 15 mg / kg should be given over a minimum of 1 hour.**Dose:** _____ **methyIPREDNISolone RTA infusion****INTERVAL: 1 time a week****Day 2**For doses \geq 10 mg / kg, see Policy 7.10.16, assess and document heart rate and blood pressure every 15 minutes during infusion and for 1 hour after the infusion is complete. Doses > 15 mg / kg should be given over a minimum of 1 hour.**Dose:** _____ **methyIPREDNISolone RTA infusion****INTERVAL: 1 time a week****Day 3**For doses \geq 10 mg / kg, see Policy 7.10.16, assess and document heart rate and blood pressure every 15 minutes during infusion and for 1 hour after the infusion is complete. Doses > 15 mg / kg should be given over a minimum of 1 hour.**Dose:** _____



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Dosing of methylprednisolone = 30 mg / kg (maximum of 1,000 mg) Please enter the dose of methylprednisolone in 'mg' to facilitate prior authorization requirements.

 Measure Blood Pressure **INTERVAL: Every visit**Monitor blood pressure every 15 minutes during methylprednisolone infusion. Hold infusion for blood pressure \geq _____ and contact ordering provider. **methylPREDNISolone RTA infusion** **INTERVAL: Every 2 weeks** **Day 1**For doses \geq 10 mg / kg, see Policy 7.10.16, assess and document heart rate and blood pressure every 15 minutes during infusion and for 1 hour after the infusion is complete. Doses > 15 mg / kg should be given over a minimum of 1 hour.**Dose:** _____ **methylPREDNISolone RTA infusion** **INTERVAL: Every 2 weeks** **Day 2**For doses \geq 10 mg / kg, see Policy 7.10.16, assess and document heart rate and blood pressure every 15 minutes during infusion and for 1 hour after the infusion is complete. Doses > 15 mg / kg should be given over a minimum of 1 hour.**Dose:** _____ **methylPREDNISolone RTA infusion** **INTERVAL: Every 2 weeks** **Day 3**For doses \geq 10 mg / kg, see Policy 7.10.16, assess and document heart rate and blood pressure every 15 minutes during infusion and for 1 hour after the infusion is complete. Doses > 15 mg / kg should be given over a minimum of 1 hour.**Dose:** _____ **Methylprednisolone - Every 4 weeks** **Physician Communication Order** **INTERVAL: PRN**

Dosing of methylprednisolone = 30 mg / kg (maximum of 1,000 mg) Please enter the dose of methylprednisolone in 'mg' to facilitate prior authorization requirements

 Measure Blood Pressure **INTERVAL: Every visit**Monitor blood pressure every 15 minutes during methylprednisolone infusion. Hold infusion for blood pressure \geq _____ and contact ordering provider. **methylPREDNISolone RTA infusion** **INTERVAL: Every 4 weeks** **Day 1**For doses \geq 10 mg / kg, see Policy 7.10.16, assess and document heart rate and blood pressure every 15 minutes during infusion and for 1 hour after the infusion is complete. Doses > 15 mg / kg should be given over a minimum of 1 hour.**Dose:** _____ **methylPREDNISolone RTA infusion** **INTERVAL: Every 4 weeks** **Day 2**For doses \geq 10 mg / kg, see Policy 7.10.16, assess and document heart rate and blood pressure every 15 minutes during infusion and for 1 hour after the infusion is complete. Doses > 15 mg / kg should be given over a minimum of 1 hour.**Dose:** _____ **methylPREDNISolone RTA infusion** **INTERVAL: Every 4 weeks** **Day 3**For doses \geq 10 mg / kg, see Policy 7.10.16, assess and document heart rate and blood pressure every 15 minutes during infusion and for 1 hour after the infusion is complete. Doses > 15 mg / kg should be given over a minimum of 1 hour.**Dose:** _____**EMERGENCY MEDICATIONS** **Nursing communication**

1. Hives or cutaneous reaction only – no other system involvement

PATIENT IS HAVING A DRUG REACTION:

- a. Stop the infusion
- b. Give diphenhydramine as ordered
- c. Check heart rate, respiratory rate and blood pressure every 5 minutes until further orders from provider.
- d. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- e. Notify provider for further orders



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ORDERS TO BE COMPLETED FOR EACH THERAPY

EMERGENCY MEDICATIONS

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling

PATIENT IS HAVING ANAPHYLAXIS:

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives.
- f. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team, continue to monitor oxygen saturation.

Hypotension is Defined as Follows:

1 month to 1 year – systolic blood pressure (SBP) less than 70
 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)
 11 years to 17 years – systolic blood pressure (SBP) less than 90
 OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.
 Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

**EPINEPHRINE Injection Orderable For Therapy Plan
(AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg**

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses

Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _____

**Cardio / Respiratory Monitoring
Rationale for Monitoring: High risk patient (please specify risk)**

- Clinically significant cardiac anomalies or dysrhythmias
- Recent acute life-threatening event
- Unexplained or acutely abnormal vital signs
- Artificial airway (stent, tracheostomy, oral airway)
- Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply): Heart rate Oxygen saturation Respiratory rate

Telemetry Required: Yes No

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

Dose: _____

Albuterol for aerosol

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

Dose: _____

POST- PROCEDURE

Nursing communication

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.
 Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.
 Discontinue PIV prior to discharge.

Sodium chloride 0.9% infusion

INTRAVENOUS, at 0 - 25 mL / hour ONCE, for 1 dose

Dose: _____

Signature of Provider _____ (circle one): MD DO _____ Date _____ Time _____
 Credentials

Printed Name of Provider _____