

PHYO  
CMC84731-001NS Rev. 1/2021

## Hydroxocobalamin Injection Therapy Plan

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

### Baseline Patient Demographic

To be completed by the ordering provider.

- NKDA - No Known Drug Allergies    Height: \_\_\_\_\_ cm    Weight: \_\_\_\_\_ kg    Body Surface Area: \_\_\_\_\_ ( $m^2$ )  
 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

INTRA-PROCEDURE	INTERVAL	DEFER UNTIL
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Select all appropriate therapy

Vital signs check blood pressure, pulse, respirations, temperature and pain prior to the injection. Observe vitals frequently after the injection for signs and symptoms and / or complaints of injection related reactions.    Every visit \_\_\_\_\_

Nursing communication order    Once

Please teach family how to administer injections.

hydroxocobalamin injection

INTRAMUSCULAR, for 1 dose

Dose: \_\_\_\_\_

### Therapy appointment request

Please select department for the therapy appointment request:

Expires in 365 days

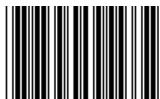
- Dallas Special Procedures
- Plano Infusion Center
- Dallas Allergy
- Dallas Transplant
- Dallas Neurology

#### 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 vitals including blood pressure every 5 minutes until further orders from provider.
- d. Connect patient up 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, CONTINUED**

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 vitals including blood pressure every 5 minutes until the code team arrives.
  - f. Connect patient up 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 saturations 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  $70 + (2 \times \text{age in years})$   
 11 years to 17 years – systolic blood pressure (SPB) less than 90  
 OR any age – systolic blood pressure (SPB) drop more than 30% from baseline.  
 Baseline systolic blood pressure  $\times 0.7$  = value below defined as hypotension.

**EPINEPhrine Injection  
(AMPULE / EPI - PEN JR. / EPI - PEN)**

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)**

(Patient receiving infusion with potential infusion reactions);  
 heart rate, respiratory rate, oxygen saturation  
 Rationale for Monitoring: High risk patient (please specify risk)  
 Parameters: heart rate, respiratory rate, oxygen saturation  
 Alarm limits: preset at age specific limits

**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:** \_\_\_\_\_

(circle one):  
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider