



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHYO  
CMC85927-002NS Rev. 11/2021**Pentamidine  
Inhaled Therapy Plan****Baseline Patient Demographic**

To be completed by the ordering provider.

Diagnosis: \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg Body Surface Area: \_\_\_\_\_ (m<sup>2</sup>) 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** obtain baseline respiratory rate, heart rate, pulse oximeter, lung sounds pre-pentamidine administration**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.

**INTRA-PROCEDURE**

Please select all appropriate therapy

 **pentamidine 50 mg / mL for aerosol 300 mg**

300 mg, INHALATION, for 1 dose.

**INTERVAL:** Every 28 days **levalbuterol for aerosol 0.63 mg**

0.63 mg, INHALATION, ONCE PRN, for wheezing, for 1 dose

**INTERVAL:** Every visit **Vital signs** obtain respiratory rate, heart rate, pulse oximeter, lung sounds post-pentamidine administration**EMERGENCY MEDICATIONS** **Nursing communication**1. Hives or cutaneous reaction only – no other system involvement **PATIENT IS HAVING A DRUG REACTION:**

a. Stop the infusion or treatment.

b. Give diphenhydramine as ordered. Depending on access, give only one diphenhydramine order. If an IV line is available, please give IV to facilitate a more immediate resolution of the reaction.

c. Check vitals including 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



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHYO  
CMC85927-002NS Rev. 11/2021

**Pentamidine  
Inhaled Therapy Plan**

**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 or treatment.
- 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 to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives. Depending on access, give only one diphenhydramine order. If an IV line is available, please give IV to facilitate a more immediate resolution of the reaction.
- 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 x 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 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:** \_\_\_\_\_

**diphenhydrAMINE liquid**

1 mg / kg, ORAL, ONCE PRN, for hives or cutaneous reaction with no IV access, for 1 dose.

**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