



MEDICATION ORDERS

Supportive Care and Antibiotic Infusion Order

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:
DIAGNOSIS AND ICD 10 CODE	
Diagnosis:	ICD-10 Code:
REQUIRED DOCUMENTATION/TESTING	
<input type="checkbox"/> This signed order form by the provider	<input type="checkbox"/> Clinical/Progress notes supporting primary diagnosis
<input type="checkbox"/> Patient demographics AND insurance information	<input type="checkbox"/> Labs and Tests supporting primary diagnosis
MEDICATION ORDERS	
Indicate medication name, dose, route and frequency: _____	
<ul style="list-style-type: none"> Please note for patients receiving treatment at the Montgomery Cancer Center: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing or reducing the rate of infusion, or discontinuing the medication. Please note for patient receiving treatment at Baptist East Outpatient Infusion: if an infusion reaction occurs, the Baptist East staff will follow the PRN hypersensitivity standing orders and will contact the referring provider in the event of an emergency. For life threatening anaphylaxis, Baptist East staff will follow rapid response policy or 911 facility policy. Antibiotic dosage may require modification for renal dosing in accordance with the Baptist Health System Pharmacist Medication Management Authority Policy. 	
Lab Orders	
Indicate lab orders and frequency: _____	

All order sets will include a statement to activate these PRN hypersensitivity standing orders when necessary.

Reaction Symptom	Drug	Dose	Route
Cough, flushing, chest tightness, nausea/vomiting, shortness of breath, urticaria, hypotension, tachycardia	✓	Normal Saline Flush Rate	100mL/hr IV
	✓	Methylprednisolone (Solu-Medrol)	125mg IVP
Hypotension, wheezing, stridor, periorbital edema, arrhythmia/cardiovascular collapse, unconscious or non-responsive, respiratory arrest	✓	Normal Saline	150ml/hr IV
	✓	Methylprednisolone (Solu-Medrol)	125mg IVP
	✓	Hydrocortisone (Solu-Cortef)	50mg IVP
	✓	Epinephrine Pen	0.3mg IM
Nausea/Vomiting	✓	Granisetron (Kytril)	1mg IVP

PROVIDER INFORMATION			
Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

**For questions, please contact Baptist Outpatient Infusion Services @ (334) 747-7401
Fax completed form and all documentation to Baptist Outpatient Infusion Services @ (334) 747-7403**