ONE CARE
infusion pharmacy

Methylprednisolone (Solu-Medrol) Order Form

DEMOGRAPHICS

PatientName:_____ DateofBirth:_____ Gender:❑F❑M

Home Phone:_____ Cell:_____ Work:_____

Address:_____

City:_____ State:_____ Zip:_____

LegallyResponsibleRepresentative:_____ RelationshiptoPatient:_____

Diagnoses: ❑MultipleSclerosis ICD-10: G35

_____ ICD-10:_____

_____ ICD-10:_____

Medication Orders:

- Solu-Medrol 1 gram IV every 24 hours for 3days
- Solu-Medrol_____IVevery_____for _____
- Other: _____
- Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed forocclusion.
- Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutionsprotocol.
- Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1ratio).
- Infusion Reaction Management per Infusion Solutions protocol asneeded.

_____ _____

PrescriberSignature *Date*

_____

Please Print Name *NPI*