



PHYSICIAN ORDER SET :

VITAMIN B-12

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Patient: _____ DOB: _____ Gender: _____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address: _____

Ordering Provider: _____ Date: _____

Signature: _____

Medications

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> cyanocobalamin (VITAMIN B-12) 1,000 mcg/mL injection 1,000 mcg 1,000 mcg, Intramuscular, Once	1000 mcg	Every 4 weeks		12 treatments

Emergency Medications/Anaphylaxis

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine <i>Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.</i>		PRN		Until discont'd
<input type="checkbox"/> EPINEPHrine injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose <i>For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL</i>	.3 mg	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, other (free text field), For hypotension	1000 mL	PRN		Until discont'd
<input type="checkbox"/> Oxygen Therapy - Non-Rebreather Routine <i>Select a Mode of Therapy: Non-Rebreather</i>		PRN		Until discont'd



(Patient Sticker)

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Hypersensitivity

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine <i>Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.</i>		PRN		Until discont'd
<input type="checkbox"/> albuterol (ACCUNEB) nebulizer solution 2.5 mg 2.5 mg, Nebulization, Once as needed, shortness of breath/dyspnea, wheezing, wheezing, shortness of breath	2.5 mg	PRN		Until discont'd
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever	975 mg	PRN		Until discont'd
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg	25 mg	PRN		Until discont'd
<input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed	20 mg	PRN		Until discont'd
<input type="checkbox"/> cetirizine (ZyrTEC) tablet 10 mg 10 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction <i>HOLD IF: given fexofenadine.</i>	10 mg	PRN		Until discont'd
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet 180 mg 180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction <i>HOLD IF: given cetirizine.</i>	180 mg	PRN		Until discont'd
<input type="checkbox"/> methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg 40 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction	40 mg	PRN		Until discont'd
<input type="checkbox"/> ondansetron (ZOFTRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose	4 mg	PRN		Until discont'd