



(Patient Sticker)



PHYSICIAN ORDER SET :
PROVIDER CUSTOMIZABLE

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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: _____

*Complete, sign, and fax this document to: **CDH Central Scheduling at 413-582-2183.***

****Please include H&P/ current medications list/ allergies, and ensure that med authorizations have been obtained****

For Blood Transfusions, please ensure that signed consent has been obtained.

Medication Orders:

Lab Orders:

Other Orders:



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Catheter management

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Line Access Routine <i>As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>		PRN		Until discont'd
<input type="checkbox"/> alteplase (CATHFLO) 1 mg/mL injection 2 mg 2 mg, Intracatheter, As needed, line care <i>For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen.</i>	2 mg	PRN		Until discont'd
<input type="checkbox"/> lidocaine-prilocaine (EMLA) cream Topical, As needed, pre procedure/treatment, apply prior to the PIV insertion or port access	_____	PRN		Until discont'd
<input type="checkbox"/> heparin 100 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines	5 mL	PRN		Until discont'd
<input type="checkbox"/> heparin 10 units/mL flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines	3 mL	PRN		Until discont'd
<input type="checkbox"/> heparin 10 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines	5 mL	PRN		Until discont'd
<input type="checkbox"/> heparin 1000 units/mL flush 2 mL 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER	2 mL	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines	3 mL	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 10 mL 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines	10 mL	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 20 mL 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines	20 mL	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment	20 mL/hr	PRN		Until discont'd
<input type="checkbox"/> D5W infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment	20 mL/hr	PRN		Until discont'd



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Emergency Medications/Anaphylaxis

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication		PRN		Until discont'd
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>				
<input type="checkbox"/> EPINEPHrine injection 0.3 mg	.3 mg	PRN		Until discont'd
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>				
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL	1000 mL	PRN		Until discont'd
1,000 mL, Intravenous, Once as needed, other (free text field), Hypotension				
<input type="checkbox"/> Oxygen Therapy - Non-Rebreather		PRN		Until discont'd
Routine <i>Select a Mode of Therapy: Non-Rebreather</i>				

Hypersensitivity

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication		PRN		Until discont'd
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>				
<input type="checkbox"/> albuterol (ACCUNEB) nebulizer solution 2.5 mg	2.5 mg	PRN		Until discont'd
2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath				
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg	975 mg	PRN		Until discont'd
975 mg, Oral, Once as needed, fever				
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg	25 mg	PRN		Until discont'd
25 mg, Intravenous, As needed, itching, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg				
<input type="checkbox"/> famotidine (PEPCID) injection 20 mg	20 mg	PRN		Until discont'd
20 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed				
<input type="checkbox"/> cetirizine (ZyrTEC) tablet 10 mg	10 mg	PRN		Until discont'd
10 mg, Oral, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction. <i>HOLD IF: given fexofenadine.</i>				



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Hypersensitivity (continued)

	Dose	Interval	Defer Until	Duration
<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
<input type="checkbox"/> meperidine (DEMEROL) injection 25 mg 25 mg, Intravenous, Once as needed, rigors Contraindicated in patients receiving MAO inhibitors within 14 days. Caution in renal or hepatic impairment: Reduce dose since accumulation of meperidine and its active metabolite (normeperidine) may occur.	25 mg	PRN		Until discont'd