

OUTPATIENT INFUSION ORDER

ALLERGIES (required)

REACTIONS (required if patient has an allergy)

ALLERGIES

REACTIONS

DATE/TIME

PATIENT STATUS = OUTPATIENT

DIAGNOSIS: (required)

ORDER EXPIRATION DATE:
(SIX MONTHS MAX)

ORDER: (Name of Medication, Dose, Route and Frequency):

- Ordering Physicians/APP monitor labs prior to each treatment and call the infusion center to hold or cancel a scheduled treatment, if needed, related to abnormal lab results.
- Attached copy of CMP and Magnesium level within the last 30 days prior to treatment.
- **DO NOT** treat, **NOTIFY** provider, and **DISCHARGE** patient if:
 - reporting jaw pain and or swelling
 - dental procedure was completed within the past 30 days
 - dental procedure is scheduled for the next 30 days after treatment
- **Medication:**
Zoledronic acid (Reclast) 5 mg in 0.9% sodium chloride, intravenously over 15 minutes.

RBV

Initials:

*Date:

*Time:

*Sign:

MD#:

MEDICATIONS WILL BE PROCESSED ACCORDING TO THE GENERIC / THERAPEUTIC EQUIVALENT OR STANDARD PROCEDURES APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE. DEVIATIONS MUST BE SPECIFIED BY "DO NOT SUBSTITUTE."



450 East Romie Lane, Salinas, CA 93901
831-757-4333 | Toll-free 888-755-7864

NS 7176-035940 (Rev. 10/24)

TIME & DATE REQUIRED



**OUTPATIENT
INFUSION ORDER**

Reclast Page 1 of 2

*NAME:

*Date of Birth (DOB):

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ORDER EXPIRATION DATE:

(SIX MONTHS MAX)

ORDER: (Name of Medication, Dose, Route and Frequency):

****Select type of line:**

☐ **PICC Line**

Discontinue PICC line on:

➤ Flush each lumen with 5 ml of Heparin 10 units/ml (50 units) IV prior to discharge.

May use Saline flush as an alternative for Heparin allergy.

➤ Change PICC line dressing every 7 days (3 days if using gauze dressing) and PRN soiled or wet.

☐ **Implanted Port**

➤ Access port and flush each lumen with 5 ml of Heparin 100 units/ml (500 units) IV prior to de-accessing port.

May use Saline flush as an alternative for Heparin allergy.

☐ **Tunneled CVC**

➤ Flush each lumen with 10 mL Normal Saline daily

➤ Change dressing every 7 days (2 days if using gauze dressing) and PRN soiled, wet, or no longer occlusive.

☒ **Peripheral Line** insert and discontinue prior to discharge.

☒ **For clotted PICC Line or Implanted Port:** Use Alteplase (Cathflo Activase) 2 mg IV ONCE for each line as needed to de-clot lumen(s). May repeat x1 for each lumen, if unable to de-clot the first time.

☒ **Insert peripheral line for hypersensitivity reactions and administer SVH medication as indicated.**

- Diphenhydramine 50 mg IV push x 1 PRN hives, itching, flushing, swollen lips or tongue
- Famotidine 20 mg IV push x 1 PRN hives, itching, flushing swollen lips or tongue
- Albuterol inhaler 2 puffs PRN SOB, tachypnea or decreased oxygen saturation
- Epinephrine 0.3 mg (Epi-Pen) IM may repeat x 2 at 5 min intervals PRN bronchial constriction (dyspnea, wheezing, stridor), hypotension
- Methylprednisolone 125 mg IV push PRN hypersensitivity reaction, to prevent biphasic reaction
- Meperidine 25 mg IV x 1 PRN rigors
- Oxygen Protocol PRN for SOB, tachypnea
- Acetaminophen 650 mg PO PRN fever/chills x 1 (if not given as pre-med)
- Montelukast 10 mg PO PRN wheezing, cough, hives, flushing x 1
- Normal Saline 1000 mg Start at TKO for medication administration, Bolus for SBP $\leq$ 30 mmHg difference from baseline.

RBV

Initials:

*Date: *Time: *Sign:

MD#:

Medications will be processed according to the generic / therapeutic equivalent or standard procedures approved by the pharmacy and therapeutics committee. Deviations must be specified by "DO NOT SUBSTITUTE."



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POINFOP

**OUTPATIENT
INFUSION ORDER**

Recast Page 2 of 2

*NAME:

*Date of Birth (DOB):