

# Physician's Orders

## THERAPY PLAN, BLANK - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Page 1 of 2

Defaults for orders not otherwise specified below:

☐ Interval: Every \_\_\_\_\_ day(s)

☐ Interval: Once

Duration:

☐ Until date: \_\_\_\_\_

☐ 1 year

☐ \_\_\_\_\_ # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

Provider Specialty

☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology  
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery  
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology  
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Site of Service

☐ CH Gerber ☐ CH Lemmen Holton (GR) ☐ CH Pennock ☐ CH Greenville  
☐ CH Helen DeVos (GR) ☐ CH Ludington ☐ CH Reed City ☐ CH Zeeland  
☐ CH Blodgett (GR)

### Appointment Requests

#### ☒ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, Sched. Duration: 0 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, This appointment request is generated from a blank therapy plan. Be sure to review the interval (on all orders) in the therapy plan in order to determine appropriate appointment dates and intervals.

### Nursing Orders

#### ☒ ONC NURSING COMMUNICATION 100

May Initiate IV Catheter Patency Adult Protocol

#### ☒ HYPERSENSITIVITY REACTION ADULT ONCOLOGY PROTOCOL

S

Until discont'd

Routine, Until discontinued Starting when released for 24 hours  
**HYPERSENSITIVITY REACTIONS:**  
 Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

### Labs

	Interval	Duration
<input type="checkbox"/> _____	Every _____ days Once	Until date: _____ 1 year _____ # of Treatments
<input type="checkbox"/> _____	Every _____ days Once	Until date: _____ 1 year _____ # of Treatments

**CONTINUED ON PAGE 2 →**

**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**



**THERAPY PLAN, BLANK - ADULT,  
OUTPATIENT, COREWELL HEALTH  
INFUSION CENTER (CONTINUED)**  
Page 2 of 2

Patient Name

DOB

MRN

Physician

CSN

**Pre-Medications**

☐ \_\_\_\_\_

☐ \_\_\_\_\_

**Medications**

☐ \_\_\_\_\_

☐ \_\_\_\_\_

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

**Telephone order/Verbal order documented and read-back completed. Practitioner's initials** \_\_\_\_\_

**NOTE:** Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
Sign		R.N. Sign		Physician Print		Physician Sign

**EPIC VERSION DATE:**