Spectrum Physician's Orders Health MICAFUNGIN (MYC

MICAFUNGIN (MYCAMINE) -ADULT, OUTPATIENT, INFUSION CENTER

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	Patient Name
	DOB
•	MRN
	Physician
	FIN

Defaults for orders not otherwise specified below: □ Interval: Once						
□ Interval: Every days						
Duration	n: date: ar					
Anticipated In	nfusion Dat	e ICD	10 Code with De	escription		
Anticipated Infusion Date ICD 10 Code with Description Height(cm) Weight(kg) Allergies						
Site of Servi	ite of Service □ SH Lemmen Holton (GR) □ SH Pennock □ SH United Memorial					
☐ SH Helen ☐ Provider Spe		☐ SH Ludington		☐ SH Reed City	□ SH Zeeland	
☐ Allergy/Imr	munology	$\hfill\square$ Infectious Disease		□ OB/GYN	□ Rheumatology	
☐ Cardiology	1	☐ Internal Med/Famil	y Practice	☐ Other	□ Surgery	
☐ Gastroente	erology	□ Nephrology		☐ Otolaryngology	☐ Urology	
☐ Genetics		☐ Neurology		☐ Pulmonary	□ Wound Care	
Appointmen	t Requests	6				
_	✓ Infusion Appointment Request Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs					
Nursing Ord	ers					
		ING COMMUNICATIO				
ľ	way miliale iv	Catheter Patency Adult Pr	otocoi			
Vitals						
	Vital Signs Routine, PRN, Starting S, Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms					
Labs						
				Interval		
	Complete Bl	ood Count w/Different	tial	□ Once		
☐ Everydays Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous				days		
		oolic Panel (BMP)	,,	□ Once		
		, ,	865, URGENT, Clinic (☐ Every Collect, Blood, Blood, Venous	_days	
	Comprehens	sive Metabolic Panel (CMP)	□ Once □ Every	days	
(Status: Future	, Expected: S, Expires: S+1	184, URGENT, Clinic (Collect, Blood, Blood, Venous	aay5	
	Reactive F	Protein (CRP), Blood I	_evel	□ Once		
Ş	Status: Future	. Expected: S. Expires: S+3	865, URGENT. Clinic (☐ Every Collect, Blood, Blood, Venous	days	
		ase (CK) Level	, 5.15_111, 5	□ Once		
(Status: Future	, Expected: S, Expires: S+3	865, URGENT, Clinic (☐ Every Collect, Blood, Blood, Venous	days	

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.

Spectrum MICAFUNGIN (MYCAMINE) - Health ADULT, OUTPATIENT. **INFUSION CENTER** (CONTINUED)

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		Interval			
	Sedimentation rate	□ Once			
		□ Every	davs		
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous				
Additional	Lab Orders				
		Interval	Duration		
П	Labs:	□ Every	_days □ Until date:		
_		□ Once	□ 1 year		
			□ # of Treatments		
Madiaatia					
Medicatio	IIS				
~	micafungin (MYCAMINE) IVPB				
	Dose:				
	□ 50 mg				
	□ 100 mg				
	□ 150 mg				
	□ mg				
	5				
Intravenous, Administer over 1 Hour, Once, Starting S, For 1 Dose					
	Do not mix or infuse with other products. Flush line with NS prior to	administration.			

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:		
TIME	DATE	TIME	DATE	TIME	DATE	Pager #
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE: 7/16/20

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