Physician's Orders PENTAMIDINE, INTRAVENOUS PEDIATRIC, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
FIN

Page 1 of 2

	terval: Every 21 days terval: Every day	S		
Durati □ Ui □ 1				
Anticip	pated Infusion Date	ICD 10 Code with I	Description	
Heigh	t(cm)	Weight(kg) Allergi	es	
Provid	der Specialty			
•		☐ Infectious Disease	☐ OB/GYN	□ Rheumatology
☐ Cardiology		☐ Internal Med/Family Practice ☐ Other		□ Surgery
☐ Gas	stroenterology	☐ Nephrology	☐ Otolaryngolog	y □ Urology
□ Ger Site o	netics of Service	□ Neurology	□ Pulmonary	☐ Wound Care
□SH	Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
□SH	Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland
\checkmark	Infusion Appointmer	•	hedule annointment at most 3 (days before or at most 3 days after
✓ _ab Orde	Status: Future, Expected Infusion	nt Request : S, Expires: S+365, Sched. Tolerance: Sc	hedule appointment at most 3 o	days before or at most 3 days after,
_	Status: Future, Expected Infusion	•	hedule appointment at most 3 o	days before or at most 3 days after, Duration
_	Status: Future, Expected Infusion	•	··	Duration Until date:
_ab Orde	Status: Future, Expected Infusion	•	Interval □ Everydays □ Once	Duration Until date: 1 year # of Treatments
_ab Orde	Status: Future, Expected Infusion rs Labs:	•	Interval □ Everydays	Duration Until date:
_ab Orde	Status: Future, Expected Infusion rs Labs: Labs:	•	Interval □ Everydays □ Once □ Everydays	Duration Until date: 1 year Until date: # of Treatments Until date:
_ab Orde	Status: Future, Expected Infusion rs Labs: Labs:	: S, Expires: S+365, Sched. Tolerance: Sc	Interval □ Everydays □ Once □ Everydays	Duration Until date: 1 year Until date: # of Treatments Until date: 1 year
_ab Orde	Status: Future, Expected Infusion rs Labs: Labs: Cations Ondansetron Preme ondansetron (ZOFF Dose of 4mg 0.15 mg/kg, Intravenous Give 30 to 60 minutes present the second of the se	ed-select Injection Or ODT RAN) IV 0.15 mg/kg (Treatment Plans, Adminiter over 5 Minutes, Once, Starting,	Interval Everydays Once Everydays Once	Duration Until date: 1 year Until date: # of Treatments Until date: 1 year
_ab Orde	Status: Future, Expected Infusion rs Labs: Labs: Cations Ondansetron Preme ondansetron (ZOFF Dose of 4mg 0.15 mg/kg, Intravenous Recommended maximum ondansetron (ZOFF (Treatment Plan) M 0.15 mg/kg, Oral, Once Give 30 to 60 minutes processed in the processe	ed-select Injection Or ODT RAN) IV 0.15 mg/kg (Treatment Place) s, Adminiter over 5 Minutes, Once, Starting orior to infusion. Im single dose is 16 mg RAN-ODT) disintegrating tab 0.15 ax Dose of 4mg , Starting S, For 1 Dose	Interval Everydays Once Everydays Once	Duration Until date: 1 year Until date: # of Treatments Until date: 1 year
Pre-Medic	Status: Future, Expected Infusion rs Labs: Labs: Cations Ondansetron Preme ondansetron (ZOFF Dose of 4mg 0.15 mg/kg, Intravenous Recommended maximum ondansetron (ZOFF (Treatment Plan) M 0.15 mg/kg, Oral, Once Give 30 to 60 minutes processed in the processe	ed-select Injection Or ODT RAN) IV 0.15 mg/kg (Treatment Plans) s, Adminiter over 5 Minutes, Once, Starting orior to infusion. um single dose is 16 mg RAN-ODT) disintegrating tab 0.15 ax Dose of 4mg , Starting S, For 1 Dose orior to infusion.	Interval Everydays Once Everydays Once	Duration Until date: 1 year Until date: # of Treatments 1 year
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Spectrum Health Helen DeVos
children's hospital

PENTAMIDINE, INTRAVENOUS -PEDIATRIC, OUTPATIENT, INFUSION CENTER (CONTINUED)

Patient Name
DOB
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FIN

Med	icati	ons
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pentamidine 2 mg/mL in D5W (PENTAM) IV syringe 4 mg/kg 4 mg/kg, Intravenous, Administer over 90 Minutes, Once, Starting S+30 Minutes, For 1 Dose Protect from light. PCP prophylaxis

Vitals

Vital Signs
Routine, PRN, Starting S, Document vitals pre and post treatment with inhaled pentamidine.

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