Spectrum Health

Physician's Orders PENTAMIDINE (PENTAM) - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
CSN

Defaults for orders not otherwise specified below:
- ☐ Interval: Every 28 days
- ☐ Interval: Every ___ days

Duration:
- ☐ 6 Treatments
- ☐ Until date: _____
- ☐ _____# of Treatments

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

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

Provider Reminder

	Interval	Duration
☑ ONC PROVIDER REMINDER 11	Once	1 treatment

The following steps MUST be completed at the time of ordering this therapy plan for the patient to be schedule for treatment:

1. SIGN the orders.
2. Begin Treatment 1.
3. RELEASE the Pentamidine Therapy order.
4. Click Actions, Complete treatment.

Procedure

☑ Pentamidine Therapy

Status: Standing, Expires:S+181, Interval: Every 4 weeks, Count: 6, Routine, Clinic Performed

Medications

☑ albuterol HFA (PROVENTIL HFA, VENTOLIN HFA, PROAIR HFA) inhaler 90 mcg inhaler

2 puff, Inhalation, Once, Starting S, For 1 Dose

May Initiate Bronchodilator Protocol? No
Administer 30 minutes prior to pentamidine

☑ pentamidine (PENTAM) inhalation solution 300 mg

300 mg, Nebulization, Once, Starting 30 minutes after treatment start time, For 1 Dose

PCP prophylaxis. Dilute 300 mg pentamidine vial with 6 mL of sterile water for injection. Do NOT use sodium chloride to reconstitute. Do NOT mix with other nebulized solutions. Protect from light. Administer inhaled bronchodilator prior to inhaled pentamidine 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: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #
	Sign		R.N. Sign		Physician Print	Physician

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.

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