



SPECTRUM HEALTH

Physician's Orders
IMPLANTABLE INTRATHECAL MEDICATION PUMP -
INTRA-PROCEDURE

Patient Name

DOB

MRN

Physician

FIN

Date _____ Time _____ Planned procedure date _____

Height _____ (cm) Weight _____ (kg only)

Attending Physician _____

Surgeon _____

Allergies/Sensitivities _____ See/Update Electronic Health Record Allergy Information

Diagnosis/Procedures _____

ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.

IMPLANTABLE INTRATHECAL MEDICATION PUMP:

- IMPLANTABLE INTRATHECAL PUMP: Size: 20 mL 40 mL
INITIAL PUMP IMPLANTATION
PUMP REPLACEMENT/PUMP REVISION: You must send a copy of the pump telemetry strip with this Physician's Orders.
Continue existing medication, concentration, and dose: Physician's Orders must be completed below.
Modification of current therapy: Medication change Concentration change Infusion rate change
Catheter replacement
PLACE CATHETER AT: Lumbar High thorax Cervical C7 junction

MEDICATION:

Table with 5 columns: MEDICATION, CONCENTRATION, DOSE (CHOOSE ONE ONLY), PUMP ROUTE, VOLUME. Rows include 0.9% sodium chloride PF, Morphine sulfate PF (Duramorph PF), Hydromorphone hydrochloride PF (Dilaudid PF), Baclofen PF, and *Hydromorphone hydrochloride PF (Dilaudid PF*).

*If medication is not commercially available, you MUST send a patient specific prescription with this Physician's Orders.

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.

Table with 3 main columns: TRANSCRIBED, VALIDATED, ORDERED. Each column has sub-columns for TIME, DATE, and a signature/print area.

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