

## Spectrum Physician's Orders Health METHOTREXATE FOR ECTOPIC PREGNANCY ADULT, OUTPATIENT, INFUSION CENTER Page 1 to 1

Pat	tient Name
DC	DB .
MF	RN
Ph	ysician
FIN	1

	for orders not c ⁄al: Once	otherwise sp	ecified below:				
Duration: Once Until 1 yea	date:						
Anticipated Infusion Date ICD 10 Code with Description							
Height(cm) Weight(kg) Allergies							
Provider S	pecialty						
	mmunology	☐ Infectious Disease		□ OB/GYN	☐ Rheumatology		
☐ Cardiolo		□ Internal Med/Family Practice		☐ Other	□ Surgery		
☐ Gastroe	••	□ Nephrology		☐ Otolaryngology	□ Urology		
☐ Genetics		☐ Neurolo	gy	☐ Pulmonary	☐ Wound Care		
☐ SH Gerb		□SHIam	men Holton (GR)	☐ SH Pennock	☐ SH United Memorial		
_	n DeVos (GR)	☐ SH Ludi		☐ SH Reed City	☐ SH Zeeland		
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, Injection  Provider Ordering Guidelines  ONC PROVIDER REMINDER 12 METHOTREXATE:  Measure serum hCG levels on days 4 and 7; if needed, repeat dose.  Prior to therapy, measure serum hCG, CBC with differential and platelets, liver function tests, serum creatinine. Serum hCG concentrations should decrease between treatment days 4 and 7. If hCG decreases by greater than 15%, additional courses are not needed however, continue to measure hCG weekly until no longer detectable. If less than 15% decrease is observed, repeat dose per regimen.							
lursing Orde	:15						
Pa SI	ONC NURSING COMMUNICATION 104 (For Zeeland Infusion Only)  Patient should be given a copy of the Methotrexate for Ectopic or Other Non-viable Pregnancy Patient Information and Discharge Sheet.						
ht	Refer to Policy: Methotrexate Administration (Zeeland Hospital) - https://spectrumhealth.policytech.com/docview/?docid=11156&anonymous=true						
<u>ledications</u>							
	methotrexate (NON-ONCOLOGY) 50 MG/2 ML injection 50 mg/m² 50 mg/m², Intramuscular, Once, Starting S, For 1 Dose						
elephone orde	r/Verbal order doc	cumented and	read-back completed. Prac	titioner's initials	_		

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

R.N. Sign

DATE

VALIDATED:

TIME

Sign

ORDERED:

TIME



TRANSCRIBED:

TIME

Pager #

Physician

DATE

DATE