

## Depakote Infusion Order

### Instructions to Provider:

All orders with  will be placed unless otherwise noted. Please fax completed order, along with referral form to desired location.

**Required Lab Results:** N/A

### Infusion Therapy:

Depakote (divalproex sodium) \_\_\_\_\_ gram IV      ICD 10 code: \_\_\_\_\_

### PRN Medications

- Acetaminophen 500mg every 4 hours PRN pain
- Benadryl 25mg IV/PO every 3 hours PRN
- Zofran 4mg IV every 3 hours PRN nausea/vomiting

### Special Instructions:

- Infuse over 1 hour

### Infusion Monitoring:

- Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion.
- Monitor patient for signs and symptoms of infusion reaction.
- Monitor for signs of reaction for 20 mins after completion of 1<sup>st</sup> infusion and subsequent infusions PRN if previous signs of reaction observed

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (Order valid for 1 year)

Patient Name:

DOB:

MRN: