

**SoluMedrol Infusion Order** (Revised 4/3/21)

**Instructions to Provider:** All orders with  will be placed unless otherwise noted. Please fax completed order, along with referral form.

**Required Lab Results:** N/A

**Infusion Therapy:**

SoluMedrol \_\_\_\_\_ mg IV

**Frequency:** daily X \_\_\_\_\_

**ICD 10 code:** \_\_\_\_\_

**PRN Medications:**

- Acetaminophen 500mg PO every 4 hours PRN pain (give first)
- Zofran 4mg IV every 3 hours PRN nausea/vomiting
- Ibuprofen 800mg PO x 1 PRN pain (give second)

**Additional Orders:**

---

---

**Special Instructions:**

- Infuse over:
  - 250mg over 15mins
  - 500mg over 30mins
  - 750mg over 45mins
  - 1000mg over 1 hour
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

**Infusion Monitoring:**

- Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion.
- Monitor for signs of reaction for 30 mins after completion of 1<sup>st</sup> infusion and subsequent infusions PRN if previous signs of reaction observed.

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

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

Patient Name:

DOB:

MRN: