|  |  |  |  |
| --- | --- | --- | --- |
| **Patient:**  **Depo-Medrol**  **(methylprednisolone acetate)** | | | **DOB:** |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | |
| **ICD 10/Primary Diagnosis:** | | **ICD10/Secondary Diagnosis:** | |
| **Height:** | **Weight:** | **Allergies:** | |
| **Infusion Therapy** | | **Frequency** | |
| Depo-Medrol \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg IM | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Nursing Communication/Orders** | | | |
| * Obtain vital signs pre-injection and obtain post-injection PRN. | | | |