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| --- | --- |
| **Patient:****VITAMIN B12 (cyanocobalamin)** | **DOB:**  |
| \*\*check appropriate box\*\***\*\*All orders with ☒ will be placed unless otherwise noted\*\*** |
| **Required lab results and/or tests prior to scheduling:**Vitamin B12 |
| **ICD 10/Primary Diagnosis:**  | **ICD10/Secondary Diagnosis:** | [ ]  **Dialysis Patient**[ ]  **Non-Dialysis Patient**  |
| **Height:** | **Weight:** | **Allergies:** |
| **Infusion Therapy**  |
| [x]  **Vitamin B12 (cyanocobalamin) IM injection**Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Frequency/Interval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of doses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **PRN MEDS:**N/A | **PRN EMERGENCY MEDS:**[x]  Per Facility protocol[ ]  Provider requested Emergency Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Labs** |
| [ ]  **Labs drawn prior to scheduling infusion (results provided) -**  Vitamin B12**Labs to be drawn over treatment course by facility:**  [ ]  **NO LABS REQUIRED** |
| **LAB** | **FREQUENCY** | **LAB** | **FREQUENCY** |
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|  |  |  |  |
| **Nursing Communication/Orders** |
| • Notify provider is a hypersensitivity reaction occurs. |