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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** | | | | | | |
| **Vitamin B12 (cyanocobalamin) IM injection**  Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Frequency/Interval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of doses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **PRN MEDS:**  N/A | | | | **PRN EMERGENCY MEDS:**  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** |
|  | | |  |  | |  |
|  | | |  |  | |  |
| **Nursing Communication/Orders** | | | | | | |
| • Notify provider is a hypersensitivity reaction occurs. | | | | | | |