

Southwest Memorial Infusion Clinic
Medication/Lab Order Form
Phone: (970)564-2499 Fax: (970)564-2498

Patient Name: _____ DOB: _____

Phone #: _____ Med Allergies: _____

DIAGNOSIS: _____ WT: _____ HT: _____

Primary Insurance: _____

OK to administer Lidocaine 1% without Epi (0.3ml) intradermal prior to IV start.
Patient not allergic to local anesthetics.

OK to apply transdermal analgesic cream (Emla) prior to IV start.

* DATE TO BE DONE (IF SPECIFIC DATE): _____

* MEDICATION TO BE GIVEN: _____

* Dose: _____

* Route: _____

* Rate: _____

* Frequency/Duration: _____

* PRE-MEDICATIONS IF NEEDED:

Tylenol 650 mg PO

Benadryl 25 mg PO

Benadryl 50 mg PO

Benadryl 25 mg IV

Benadryl 50 mg IV

Other: _____

* TREATMENT FOR REACTION IF NECESSARY (Immediately stop infusion)

Tylenol 650 mg PO

Benadryl 25 mg ___ PO or ___ IV

Benadryl 50 mg ___ PO or ___ IV

If Tylenol/Benadryl not effective, CALL MD and consider Epinephrine 0.4mg
Subq and/or Solumedrol 125 mg IV, call hospital ambulance

Oxygen by NC if Sat <90% or S/S of respiratory distress

Other: _____

LAB ORDERS: (Doesn't need to be associated with medication, can be regular lab draw: just write in labs you want and fill in Diagnosis/es at top of form): _____

PHYSICIAN SIGNATURE: _____ **DATE:** _____