



SOUTHWEST MEMORIAL INFUSION CLINIC

MEDICATION/LAB ORDER

PHONE: (970)564-2499 / FAX: (970)564-2498

PATINET NAME: _____ DOB: _____ WT: _____ HT: _____

PATIENT PHONE #: _____ MED ALLERGIES: _____

PRIMARY INSURANCE: _____ SECONDARY INSURANCE: _____

DIAGNOSIS: _____ ICD 10 CODE: _____

DATE TO BE DONE: _____

LAB ORDERS: _____

MEDICATION TO BE GIVEN: _____ J CODE: _____ CPT CODE: _____

RATE: _____ ROUTE: _____ DOSE: _____ FREQUENCY: _____ DURATION: _____

PRE-MEDICATIONS (IF NEEDED)

- TYLENOL 650MG PO
BENADRYL 25MG PO OR IV
BENADRYL 50MG PO OR IV
OTHER:

TREATMENT FOR REACTION

For patient safety, we highly recommend completing this section.
In all cases we will immediately stop infusion and notify ordering provider.

- TYLENOL 650MG PO
BENADRYL 25MG PO OR IV
BENADRYL 50MG PO OR IV
OTHER:
IF TYLENOL/BENADRYL IS NOT EFFECTIVE
GIVE EPINEPHRINE (0.4MG) SUBQ
SOLUMEDROL (125MG) IV
OXYGEN BY NC IF SAT <90% OR S/S OF RESPIROTORY DISTRESS

PHYSICIAN NAME: _____ PHYSICIAN SIGNATURE: _____

DATE: _____