Premier Health
Headache Infusion Faxed Order Form

Patient Name ________________ **Date of Birth** ________________ **MRN#**______________________

Patient'sAllergies ____

Ordering Provider ________________________________ **Provider's Phone/Fax #**______________/______________

PHYSICIAN ORDERS **Diagnosis code:** ____________________

PROVIDER COMMUNICATION:

☐ EKG (STAT); Obtain prior to administering medications. Contact provider to review.

LAB:

☐ Pregnancy test (STAT); Contact provider if positive.

NURSING:

- ☑ Administer one medication at a time in the order they are listed in the therapy plan.
- ☑ Vital signs baseline, then every 15 minutes until all medications are administered/infused.
- ☑ Observe for hypersensitivity reactions during infusion – this includes hypotension, shortness of breath, and rash.
- ☑ Check vitals immediately after completion of the final medication administered/infused.
- ☑ Discontinue IV and discharge patient upon completion of therapy.

IV SALINE LOCK PANEL / CARRIER FLUID

- ☑ Insert Saline Lock
- ☑ Saline Lock flush (HCPCS n/a) 10ml 0.9% NaCl - as needed for line flush
- ☑ Discontinue Saline Lock on discharge
- ☑ NaCl 0.9% 1000 ml (HCPCS n/a) at 10 ml/hr continuous PRN -- Admin Instructions: If infusion rate is less than 10 ml/hr or the infusion is a vesicant, or a continuous IV solution is not infusing, a carrier fluid of 0.9% NaCl at 10 ml/hr may be initiated during infusion. DC Carrier fluid when infusion complete

SUPPORTIVE CARE

***Solution, volume, and infusion rate will be per pharmacy standard unless otherwise specified.**

****Unless otherwise stated, medication administration will be administered in the order listed below.****

Order of medication administration (i.e., 1, 2, 3, etc.)	Medication	Dose (select one option)	Route (select one option if multiple options present)
	Diphenhydramine (Benadryl)	☐ 25 mg ☐ 50 mg	☐ IV Push ☐ Oral
	Metoclopramide (Reglan)	☐ 5 mg ☐ 10 mg	☐ IV Push ☐ Oral
	Prochlorperazine (Compazine)	☐ 5 mg ☐ 10 mg	☐ IV Push ☐ Oral
	Dihydroergotamine (DHE)	☐ 0.25 mg ☐ 0.5 mg ☐ 0.75 mg ☐ 1 mg	☐ IV Push ☐ IVPB 50 mL 0.9% NaCl infused over 1 hour
	Ketorolac (Toradol)	☐ 15 mg ☐ 30 mg	IV Push
	Magnesium sulfate	☐ 1 gram ☐ 2 grams	IVPB; Standard administration rate is 1 gram/hour

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Order of medication administration	Medication	Dose	Route (e.g., PO, IV Push, IVPB)
	Valproate (Depacon)	☐ 500 mg ☐ 1000 mg	IVBP 100 mL 0.9% NaCl infused over: ☐ 10 minutes ☐ 1 hour
	Methocarbamol (Robaxin)	☐ 200 mg ☐ 500 mg ☐ 1000 mg	IV Push

ADDITIONAL ORDERS

Order of medication administration (i.e., 1, 2, 3, etc.)	Medication	Dose	Route (e.g., PO, IV Push, IVPB)

Multi-Day Infusion

Is this a multi-day infusion? ____ Yes _____ No

If yes, how many days: _____

Frequency: ☐ Daily ☐ Every other day

What changes to the above orders need to be made on subsequent days?

Order of medication	Medication	Dose	Route

Other:

MEDICATIONS – (Infusion Reaction Protocol):

☑ Premier Health standard infusion reaction protocols

OTHER ORDERS

Provider signature____

Printed provider name____

Date______________________________ Time __________________________