

**SOLUMEDROL OR DEXAMETHASONE
(DECADRON) ORDERS
FOR THE OUTPATIENT MINOR
PROCEDURES CENTER**

ADDRESSOGRAPH

UNLESS THE WORD SPECIFIC IS WRITTEN AFTER A DRUG ORDER BY TRADE NAME, A GENERIC EQUIVALENT DRUG APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE MAY BE DISPENSED IN ACCORDANCE WITH THE MEDICAL STAFF BYLAWS.

Please check (✓) the appropriate box (□) and fill in the blank(s) as needed.

DATE	TIME	ORDERS
		Attending:
		Diagnosis:
		Reason for Infusion:
		Monitoring: Vital signs on admission Vital signs one hour after infusion Notify MD for glucose > _____
		Diet: <input type="checkbox"/> Regular Other: _____
		Activity: <input type="checkbox"/> Up ad lib Other: _____
		Nursing/Treatments: Initiate IV access Discontinue IV access at discharge Discharge patient after infusion
		Tests/Labs: <input type="checkbox"/> Bedside glucose monitoring prior to procedure <input type="checkbox"/> Bedside glucose monitoring _____ minutes post infusion Other: _____
		Allergies/Sensitivities: <input type="checkbox"/> No Known Allergies <input type="checkbox"/> Latex <input type="checkbox"/> Other _____
		IV Fluids:
		Medications Infusion: Choose one: <input type="checkbox"/> Methylprednisolone (Solumedrol) _____ (route) over _____ minutes x _____ doses <input type="checkbox"/> Methylprednisolone (Solumedrol) _____ mg in 100ml NS IVPB over _____ minutes <input type="checkbox"/> Dexamethasone (Decadron) _____ mg in 100ml NS IVPB over _____ minutes For infusion reactions: Stop infusions Contact Dr. _____ at pager # _____ Repeat above orders every _____ weeks for a total of _____ doses. Other: _____ Other: _____
		MD: _____ Telephone # / Pager # _____

