



## Solu-Medrol(Methylprednisolone) Infusion Order Form

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Allergies: \_\_\_\_\_

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

### Diagnosis and ICD 10 Code (Required)

Other: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

Other: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

### Required Labs

Most recent CBC & CMP (attach results)

### Pre-Medication Orders

Acetaminophen (Tylenol)     500mg     650mg     1000mg     PO

Diphenhydramine (Benadryl)     25mg     50mg     PO     IV

Ondansetron (Zofran)     4mg     8mg     PO     IV

Other: \_\_\_\_\_ Route: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

### Nursing

Provide nursing care per Smart Infusion Nursing Procedures,  
Including reaction management and post-procedure observation.

### Special Instructions / Notes

**(Solu-Medrol) Medication Order**

Dosage  
 250 mg IV     500 mg IV     1000mg IV  
Other: \_\_\_\_\_

Frequency  
 daily x \_\_\_\_\_ doses  
 Other \_\_\_\_\_

**Required Documents**

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

**Location**

Eau Claire     Weston     Middleton

### Provider Information

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_