

Methylprednisolone (Solu-Medrol) Order Form

DEMOGRAPHICS

PatientName: _____ DateofBirth: _____ Gender: ☐ F ☐ M

Home Phone: _____ Cell: _____ Work: _____

Address: _____

City: _____ State: _____ Zip: _____

LegallyResponsibleRepresentative: _____ RelationshiptoPatient: _____

Diagnoses:

☐ MultipleSclerosis

ICD-10: G35

ICD-10: _____

ICD-10: _____

Medication Orders:

- ☐ Solu -Medrol 1 gram IV every 24 hours for 3days
- ☐ Solu -Medrol _____ I Vevery _____ for _____
- ☐ Other: _____
- ☐ Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
- ☐ Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.
- ☐ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
- ☐ Infusion Reaction Management per Infusion Solutions protocol as needed.

PrescriberSignature

Date

Please Print Name

NPI