CTNC Central Texas Neurology Consultants
Diseases of the Brain, Spine, Nerves and Muscles

Methylprednisolone Order Set

Phone: (512) 218-1222
Please fax signed order, clinicals, and recent labs to:
Fax: (512) 218-1393

Patient Information		
Patient Name:		Order Date:
DOB:	Ht:	Wt:
Allergies:		
Diagnosis:		ICD-10 Code:
Patient Status: ☐ New to Therapy ☐ Continuing Therapy		Next Treatment Date:

Lab Orders	**Pre-Medication Orders**
☐ CBC w/diff and Platelets ☐ CMP ☐ HBsAg and anti-HBc ☐ Immunoglobulin ☐ UA ☐ Pregnancy Test ☐ Other: _____ Frequency: ☐ Every Infusion ☐ Other:	☐ Diphenhydramine 25 mg or ☐ 50 mg PO 30-60 min prior; may repeat x1 in 4 hrs ☐ Diphenhydramine 25 mg or ☐ 50 mg slow IVP 30-60 min prior; may repeat x1 in 4 hrs Cetirizine ☐ 10 mg PO or ☐ 10 mg IVP 30 min prior ☐ Famotidine 20 mg IVP 30 min prior ☐ Acetaminophen 650 mg PO 30 min prior; may repeat x1 in 4 hrs
Other Orders & Notes	

Treatment Order		
☐ Methylprednisolone	1000 mg vial 500 mg vial	☐ 1000 mg IV daily for ____ x days ☐ ____ mg IV daily for ____ x days

Flush orders: NS 1-20mL pre/post infusion PRN and Heparin 10U/mL or 100U/mL per protocol as indicated PRN

Nursing

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on infusion services, medication administration, self-monitoring and safety

Adverse Event (AE) Protocol

Epinephrine (based on patient weight)
EpiPen® Auto-Injector 0.3mg (1:1000) Inject IM or SubQ to patients who weigh ≥ 30 kg (66 lbs); may repeat in 3-5 minutes x1 if necessary.
EpiPen Jr® Auto-Injector 0.15mg (1:2000) Inject IM or SubQ for patients who weigh 15 - 30 kg (33-66lbs); may repeat in 3-5 minutes x1 if necessary.
Diphenhydramine 50mg (1 mL) If not previously administered, give 50mg slow IVP, or administer IM if no IV access; May repeat x1 after 10 minutes, if necessary.
Solumedrol 125 mg IVP
Sodium Chloride 0.9% 500mL Infuse IV at a rate of 30mL/hr.
Zofran 4mg ODT or IVP for nausea
Pepcid 20mg IV for urticaria/rash
Acetaminophen 325-650 mg PO x1 PRN pain if not already administered OR ibuprofen 200-400mg PO prn pain

Provider Information

By signing this form and utilizing our services, you are authorizing Nira Medical and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies, and to select the preferred site of care for the patient.

Office Contact Name:	Email Address:
Prescriber Name:	Date:
Prescriber NPI:	Phone: Fax:
Prescriber Signature:	

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