Eaton Rapids Medical Center Specialty Clinics
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Eaton Rapids, Michigan 48827
www.eatonrapidsmedicalcenter.org

General Infusion/Injection Orders

Patient Name: _____ Allergies: _____

Date of Birth: _____ Height: _____ Weight: _____

Diagnosis: _____

Access:

☐ Peripheral IV ☐ Port flush per protocol ☐ PICC placement

☐ PICC flush per protocol ☐ Remove PICC line at the end of therapy

Injections:

☐ Aranesp _____ mcg Sub Q every _____ ☐ Draw Hgb prior, hold if greater than _____

☐ Prolia 60mg Sub Q with Calcium Level prior or within 30 days every _____

☐ Other: _____

Infusions:

☐ Reclast 5mg IV Infusion with Creatinine Clearance and Calcium level (within 30 days) every _____

☐ Pharmacy to Dose

Drug: _____ Dose: _____ Frequency: _____ Length of tx: _____

PreMedications:

Drug: _____ Dose: _____ Frequency: _____

Drug: _____ Dose: _____ Frequency: _____

Drug: _____ Dose: _____ Frequency: _____

Drug: _____ Dose: _____ Frequency: _____

LABS:

LABS: _____ Frequency: _____

Patients will be discharged home after treatment is completed and vitals are stable unless ordered otherwise.

_____ _____

Ordering Physician Name Contact Phone Number

_____ _____ _____

Date Time Ordering Physician Signature