



Methylprednisolone (Solu-Medrol) Order Form

DEMOGRAPHICS

PatientName: _____ DateofBirth: _____ Gender: F M
Home Phone: _____ Cell: _____ Work: _____
Address: _____
City: _____ State: _____ Zip: _____
LegallyResponsibleRepresentative: _____ RelationshiptoPatient: _____

Diagnoses: <input type="checkbox"/> 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 forocclusion.
- ◆ Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutionsprotocol.
- ◆ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1ratio).
- ◆ Infusion Reaction Management per Infusion Solutions protocol asneeded.

PrescriberSignature

Date

Please Print Name

NPI