

Location: _____

General

Nursing

Nursing

 Notify Physician for vitals: Frequency: Until discontinued Priority: Routine**Question(s):**

Systolic BP less than: 90

Diastolic BP less than: 60 50Heart rate greater than (BPM): 110 100

Temperature greater than: 100.5

Temperature less than:

Systolic BP greater than: 160

Diastolic BP greater than: 100

MAP less than: 60.000

Heart rate less than (BPM): 60

Respiratory rate greater than: 25

Respiratory rate less than: 8

SpO2 less than: 92

 Notify Physician for severe chills Frequency: Until discontinued Priority: Routine

IV Fluids

Medications

Premedications

 acetaminophen (TYLENOL) tablet Dose: 650 mg Route: oral Frequency: every 6 hours Frequency Limit: 4 Occurrences

PRN Comment: premedication

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give 30 minutes PRIOR to Antithymocyte Globulin infusion.

Provide prior to each antithymocyte (THYMOGLOBULIN) infusion bag.

Product Admin Instructions:

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

 Premedication: diphenhydramine (BENADRYL) tablet OR injection **diphenhydramine (BENADRYL) tablet** Dose: 25 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences**Admin Instructions:**

Give 30 minutes PRIOR to Antithymocyte Globulin infusion.

 diphenhydramine (BENADRYL) injection Dose: 25 mg Route: intravenous Frequency: once Frequency Limit: 1

Occurrences

Admin Instructions:

Give 30 minutes PRIOR to Antithymocyte Globulin infusion.

 Premedications: Steroids **methypREDNISolone sodium succinate (Solu-MEDROL) injection** Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences

Admin Instructions:

Give 1 hour PRIOR to Antithymocyte Globulin infusion.

 hydrocortisone sodium succinate (Solu-CORTEF) injection Dose: 100 Route: intravenous Frequency: once

Frequency Limit: 1 Occurrences

Admin Instructions:

Give 30 minutes PRIOR to Antithymocyte Globulin infusion.

Antithymocyte Globulin (THYMOGLOBULIN) (Required) **Central Line** Dose: 1.5 mg/kg Route: intravenous Frequency: every 6 hours Frequency Limit: 4 Occurrences**Admin Instructions:**

Administer pre-medications prior to each new infusion bag.

Product Admin Instructions:

Administer via 0.2 micron low protein binding filter into a CENTRAL line

Sign: _____ Printed Name: _____ Date/Time: _____

Peripheral Line Frequency: every 6 hours **Frequency Limit:** 4 Occurrences

Admin Instructions:

Administer pre-medications prior to each new infusion bag.

Product Admin Instructions:

Administer via 0.2 micron low protein binding filter into a PERIPHERAL vein

Infusion Reaction Management

hydrocortisone sodium succinate (Solu-CORTEF) injection Dose: 100 mg **Route:** intravenous **Frequency:** once PRN
PRN Comment: chills

acetaminophen (TYLENOL) tablet Dose: 325 mg **Route:** oral **Frequency:** every 6 hours PRN **PRN Comment:** for
Temperature GREATER than 100 F **PRN Reasons:** fever

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

Labs

Laboratory in AM

CBC with platelet and differential **Frequency:** AM draw **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen**
Type: Blood **Maximum Quantity:** 3

Comprehensive metabolic panel **Frequency:** AM draw **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen**
Type: Blood **Maximum Quantity:** 3

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders