

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 if no central access** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine **Notify Physician for severe chills** Frequency: Until discontinued Priority: Routine **Check for central line or peripherally-inserted central line** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine**IV Fluids****Medications****Premedications** **acetaminophen (TYLENOL) tablet** Dose: 650 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences**Question(s):**

Allowance for Patient Preference:

**Admin Instructions:**

Give 30 minutes PRIOR to Antithymocyte Globulin infusion.

**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** **methyIPREDNISolone 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: once Frequency Limit: 1 Occurrences**Product Admin Instructions:**

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

 **Peripheral Line** Frequency: once Frequency Limit: 1 Occurrences**Product Admin Instructions:**

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**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

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**Imaging**

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