



ORDERS & DIRECTIVES



DRDO103161C

Rev: Oct 13, 2017

Page: 1 of 1

DRUG & FOOD ALLERGIES

HEIGHT: _____ cm	Prohibited Abbreviation	Use Instead	Prohibited Abbreviation	Use Instead	Prohibited Abbreviation	Use Instead
WEIGHT: _____ kg	U, IU, u or iu	unit	D/C	discharge	> or <	greater than or less than
<input type="checkbox"/> PREGNANT	QD or qd	daily	cc	mL	trailing zero (x.0 mg)	x mg
<input type="checkbox"/> BREASTFEEDING	QOD or qod	every other day	µg	mcg	lack of leading zero (x mg)	0.x mg
	drug name abbreviations	write generic drug names	@	at	QS, OD, OU	left eye, right eye, both eyes

DATE & TIME **ORDERS & DIRECTIVES**

Your patient will be receiving _____ treatment in JPOSCS Medical Daycare

Please fill out and sign reaction medications orders below:

Reaction Management: In case of infusion reaction, HOLD infusion and notify physician and give:

- DiphenhydrAMINE 25-50 mg IV or PO Q4H PRN
- Acetaminophen 650 mg PO PRN for pain or fever
- DimenhyDRINATE 25-50 mg IV Q24H for nausea

For severe allergic reaction:

- Hydrocortisone 100mg IV X 1 dose PRN
- Administer Oxygen for Hypoxia Goal: SpO2 above 92%

For hypotensive episodes give:

- Sodium Chloride 0.9% 500ml IV bolus

Please do not write in this area
Information written in this area is not transmitted by fax

