

Columbus Community Hospital

Columbus, Nebraska

**DOCTORS ORDERS**

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

**PLEASE SIGN AND DATE EACH ENTRY**

**PLEASE INDICATE / ALLERGIES**

NONE	CODEINE	PENICILLIN	SULFA	ASPIRIN	OTHER	HEIGHT
REACTION						WEIGHT

Authorization is granted to supply medications by non-proprietary name unless checked here

**PHYSICIANS ORDERS  
(including Medications)**

**Infusion Center Hypersensitivity Orders**

**(8/2024)**

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1. If hypersensitivity or infusion reactions develop, **STOP THE INFUSION.**
2. Obtain vital signs and continue to monitor vitals every 5 minutes.
3. Notify ordering provider.
4. Refer to **Adult Hypersensitivity (HSR) & Allergic Reaction Management** algorithm for assessment guidelines and interventions.
5. Continue to assess as grade of severity may progress.
6. Administer emergency medications as directed on the physician's orders.

**HYPERSENSITIVITY MEDICATIONS:**

- Acetaminophen, 975 mg, PO, x 1 dose, AS NEEDED for hypersensitivity or infusion reaction.
- Diphenhydramine injection, 50 mg, IV, AS NEEDED for hypersensitivity or infusion reaction. May repeat x 1 AS NEEDED per reaction management algorithm.
- Hydrocortisone Sodium Succinate, 100 mg, IV, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.
- Famotidine, 20 mg, IV, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.
- Oxygen, 2 Liters/min per nasal cannula for hypersensitivity or infusion reaction.
- 0.9% Normal Saline, 1000 mL, IV, 150mL/hr, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.
- EPINEPHrine HCl (1mg/1mL), 0.3 mg, IM injection, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.

**My NPI number is \_\_\_\_\_ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION);** and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_