



Patient Name:  
 DOB:  
 Date of Last Infusion  
 Insurance:

Clinic Location:  
 Merrimack, NH   
 Concord, NH

## Solu-Medrol® (methylprednisolone) Infusion Orders

<b>Diagnosis:</b>	
<input type="checkbox"/> M05.79 RA w/rheumatoid factor, multiple sites	<input type="checkbox"/> M06.09 RA w/o rheumatoid factor, multiple sites
<input type="checkbox"/> M05.60 Rheumatoid arthritis of unspecified site with involvement of organs and systems	<input type="checkbox"/> M05.70 Rheumatoid arthritis with rheumatoid factor of unspec site w/o organ or systems involvement
<input type="checkbox"/> L40.50 Arthropathic psoriasis, unspecified	<input type="checkbox"/> L40.59 Other psoriatic arthropathy
<input type="checkbox"/> M45.9 Ankylosing spondylitis of unspec sites in spine	<input type="checkbox"/> M45.0 - Ankylosing spondylitis of multiple sites in spine
<input type="checkbox"/> M32.9 systemic lupus erythematosus, unspecified	<input type="checkbox"/> M32.10 systemic lupus erythematosus with organ or system involvement, unspecified
Other: _____ <small>(ICD-10 and description)</small>	

### Nursing Orders:

- Hold infusion and notify provider for signs or symptoms of illness or active infection
- Record vital signs before and after infusion.

- Solu-Medrol 500 mg in 100 ml 0.9% sodium chloride. Infuse over at least 30 minutes\*
- Solu-Medrol 1000 mg in 250 ml 0.9% sodium chloride. Infuse over at least 30 minutes\*
- Solu-Medrol \_\_\_\_\_ mg in \_\_\_\_\_ ml 0.9% sodium chloride over at least \_\_\_\_ minutes

*\*Doses 500 mg or greater should be infused over at least 30 minutes; Tolerability may improve for some patients when infused over 60 minutes.*

### Frequency:

- Administer once daily for a total of \_\_\_\_\_ doses

- Ok to leave IV to saline lock for treatment on consecutive days

Ordering Provider: (please print): \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_