



Patient Name: _____
DOB: ____/____/____
Date of Last Infusion: ____/____/____
Height _____ Weight _____

Clinic Location:
☐ Concord ☐ Derry
☐ Merrimack ☐ Portsmouth

Solu-Medrol® (methylprednisolone) Infusion Orders

Diagnosis:

- | | |
|---|---|
| <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: _____
(ICD-10 and description)

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

Provider name (print): _____ Date: _____

Provider signature: _____ Time: _____