



Fax your completed order to 877-734-1157

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Last Infusion: \_\_\_\_\_
Height \_\_\_\_\_ Weight \_\_\_\_\_
Infusion Location: (state and site) \_\_\_\_\_

Solu-Medrol® (methylprednisolone) Infusion Orders

Diagnosis:
[ ] M05.79 RA w/rheumatoid factor, multiple sites [ ] M06.09 RA w/o rheumatoid factor, multiple sites
[ ] M05.60 Rheumatoid arthritis of unspecified site with involvement of organs and systems [ ] M05.70 Rheumatoid arthritis with rheumatoid factor of unspec site w/o organ or systems involvement
[ ] L40.50 Arthropathic psoriasis, unspecified [ ] L40.59 Other psoriatic arthropathy
[ ] M45.9 Ankylosing spondylitis of unspec sites in spine [ ] M45.0 - Ankylosing spondylitis of multiple sites in spine
c M32.9 systemic lupus erythematosus, unspecified c M32.10 systemic lupus erythematosus with organ or system involvement, unspecified
Other: \_\_\_\_\_ (ICD-10 and description)

Nursing Orders:

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

Dosing:

Do not use the 40mg vial on anyone with a dairy allergy.

[ ] 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

Additional Orders:

Provider Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Time: \_\_\_\_\_