



Conveniently Located in East Syracuse, Onondaga Hill & Auburn

Main Office Phone 315-472-7504

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Methylprednisolone Non-Oncology Treatment Order Set

1. Patient Name: _____

2. DOB: _____ Height (inches): _____ Weight (lbs): _____

3. Diagnosis:

☐ Primary ICD-10 Code: _____ Diagnosis description: _____

☐ Other ICD-10 Code: _____ Diagnosis description: _____

4. Pre-medications:

☐ Other Pre-medication: _____

☐ No Pre-medications indicated

5. Drug Order:

Methylprednisolone IV *Ok to substitute with generic/biosimilar*

Dose:

☐ 500 mg in 100 mL in NS over 1 hour

☐ 1000 mg in 250 mL in NS over 1 hour

Frequency:

☐ One time dose ☐ Daily x _____ dose(s)

☐ Other: _____

☐ Special Instructions: _____

HOA of CNY is responsible to provide nursing care, safe drug handling & administration, post-infusion observation & management of drug hypersensitivity reactions per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occur after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing physician is responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitoring parameters before proceeding with Non-Oncology Infusion Referral

Physician's Name: _____ Phone: _____

Physician's Signature: _____ Date: _____

(This drug administration order form is valid for 12 months)