



# Oregon Medical Group Infusion Center

1007 Harlow Road, Springfield, Oregon 97477

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## Methylprednisolone (Solu-Medrol) Orders

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

1. Vital signs: Initial, PRN
2. Peripheral IV site with saline lock, may use existing PICC line or port-a-cath if available.
3. Infuse Solu-Medrol intravenously, diluted in Sodium Chloride 0.9% 250ml. Infuse doses > 250 mg over at least 30 – 60 minutes.
4. Dosing (select one):
  - Solu-Medrol 1 gram IV every 24 hours for 3 days, over 60 minutes
  - Solu-Medrol \_\_\_\_\_ IV every \_\_\_\_\_ for \_\_\_\_\_
  - Other: \_\_\_\_\_
5. Pre-medications to be given 30 minutes prior to infusion (optional)
  - OMG Infusion Center Pre-Medication Protocol
  - OR**
  - Other: \_\_\_\_\_
6. For infusion reaction (**Must select one to be considered a complete order**)
  - Acute Infusion Reaction Protocol
  - Other \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(NO PROVIDER STAMPS) (Orders expire after 365 days)

Provider's Printed Name: \_\_\_\_\_ Time: \_\_\_\_\_