



Affix Patient Label

Date: _____ Time: _____

(Check boxes to order or fill in blanks as necessary)

Name _____ DOB _____

Admit to: _____ (Service) Diagnosis: _____ Condition: _____

Allergies/Reactions: _____

Code Status: Full Code No Code Modified (See DNR sheet)

Nursing Care Weigh patient upon arrival WEIGHT _____ Kg

Orders: Notify OR/Procedure Area of Latex Allergy and Type

Place a hot pink alert dot on patient ID band

Diet: NPO

Laboratory /

Diagnostic Studies:

Activity:

Medications for

For Adult patients whose bowel absorption (per History and Physical) is questionable: IV pre treatment may be recommended:

Known/Suspected

IV: _____ at _____ ml / hr

Type 1 Adult

Patients:

For Adult Patients: All 3 recommended (either in IV or PO format):

Indicate preferred route:

Diphenhydramine HCL (Benadryl) 50 mg 1 - 2 hrs prior to procedure IV PO

Famotidine (Pepcid) 40 mg 1 - 2 hrs prior to procedure IV PO

Methylprednisolone (Solu-Medrol) _____ mg (1 mg/kg; max 60 mg) IV 2 - 4 hours prior to procedure

Prednisone _____ mg (1 mg/kg; max dose 60 mg) PO 2 - 4 hours prior to procedure

Additionally, if able to take PO may choose one of the following:

Fexofenadine (Allegra) 180 mg PO 1 - 2 hrs prior to procedure

Cetirizine (Zyrtec) 5 - 10 mg PO 1 - 2 hrs prior to procedure

or

Montelukast (Singulair) 10 mg PO 1 - 2 hrs prior to procedure

Zafirlukast (Accolate) 20 mg PO 1 - 2 hrs prior to procedure

Medications for

For Pediatric patients whose bowel absorption (per History and Physical) is questionable:

Known/suspected

IV pre treatment may be recommended:

Type 1 Pediatric

IV: _____ at _____ ml / hr

Patients:

For Pediatric patients: All 3 recommended (either in IV or PO format):

Indicate preferred route:

Diphenhydramine HCL (Benadryl) _____ mg (1 mg/kg; max 50 mg) 1 - 2 hours prior to procedure IV PO

Famotidine (Pepcid) _____ mg (0.5 mg/kg/dose max 20 mg/dose) 1 - 2 hours prior to procedure. IV PO

Methylprednisolone (Solu-Medrol) _____ mg (1 mg/kg; max 40 mg) IV 2 - 4 hours prior to procedure

Prednisone _____ mg (1 mg/kg; max dose 40 mg) PO 2 - 4 hours prior to procedure

Additionally, if able to take PO may choose from one of the following:

Montelukast (Singulair) for children age 12 months through 5 years old 4 mg PO (may use granules)

Montelukast (Singulair) for children age 6 years old through 14 years old 5 mg PO (may use granules)

Montelukast (Singulair) for children age 15 years and older 10 mg PO (may use granules)

Specialty

Consider Allergy Consult

Orders:

Physician/Provider Signature: _____ Time faxed to Pharmacy: _____