



DEPARTMENT OF NEUROLOGY
OUT-PATIENT INFUSION PROTOCOL

DATE:

MRN:

NAME:

Site _____

PHYSICIAN: _____

DIAGNOSIS: _____ DIAGNOSTIC CODE: _____

REASON FOR INFUSION: _____

MEDICATION ORDER: (Circle One) DIHYDROERGOTAMINE SOLUMEDROL INTRAVENOUS IMMUNE GLOBULIN
OTHER: _____

DOSE: _____

ADDITIONAL ORDERS: _____

VITAL SIGNS: TEMP: _____ WEIGHT: _____

TIME	BLOOD PRESSURE	PULSE	TIME	BLOOD PRESSURE	PULSE
_____	____/____	____	_____	____/____	____
_____	____/____	____	_____	____/____	____
_____	____/____	____	_____	____/____	____

IV SITE: _____ GAUGE: _____ HEPARIN LOCK: YES NO

SIDE EFFECTS: _____ NONE

LAB STUDIES: _____

COMMENTS: _____

PATIENT TEACHING: _____

DISCHARGE INSTRUCTIONS: _____

FOLLOW-UP APPOINTMENT: _____

CONDITION AT DISCHARGE: _____ TIME: _____

AMBULATORY WHEELCHAIR STRETCHER

Nurse's Signature _____ Physician's Signature _____ Date _____