

## **THERAPY PLAN TEMPLATE [11500414]**

### **Therapy Plan To Be Used In Infusion Center**

Infusion Center Location: \_\_\_\_\_

Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Provider Communication Orders**
**Interval**
 Provider Communication

Once

*Starting when released Select most appropriate orders (one set only) for IV access / central line - if selecting a central line access set of orders, then de-select IV access.*

**Nursing Orders**
**Interval**
 Insert peripheral IV

PRN

*Starting when released*

 Access & Use Central Line/CVAD

PRN

*Starting when released Access vascular device and confirm patency.*

 Access & Use Central Line/CVAD

PRN

*Starting when released Access vascular device and confirm patency.*

 sodium chloride (NS) flush 10 mL

PRN

Route: IV

*Line Care, Starting when released*

 Initiate Central Line (Non-PICC) Maintenance Protocol

PRN

*Starting when released*

 Initiate PICC Maintenance Protocol

PRN

*Starting when released*

 sodium chloride 0.9 % injection 10 mL

PRN

Route: IV

*Other, Line Care before and after medication administration, at discharge, and at de-access, Starting when released*

 Nursing Communication

PRN

*Starting when released Change PICC line dressing weekly and as needed.*

 sodium chloride 0.9 % injection 20 mL

PRN

Route: IV

*Other, Line Care post lab draw, Starting when released*

 sodium chloride 0.9 % injection 10 mL

PRN

Route: IV

*Other, Line Care before and after medication administration, at discharge, and at de-access, Starting when released*

 heparin, porcine (PF) 100 unit/mL flush 500 Units

PRN

Route: IV

*Line Care, for de-access, Starting when released*

 sodium chloride 0.9 % injection 20 mL

PRN

Route: IV

*Other, Line Care post lab draw, Starting when released*

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 Provider Signature

EHR User ID

Date

Time

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 Initials

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 EHR0248-DT (3/28/2025)

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 THERAPY PLAN TEMPLATE

Place Patient Label Here

Prog &amp; Orders

<input type="checkbox"/> alteplase (CATHFLO) injection 2 mg	PRN	Route: Intra-Catheter
<i>Other, Line care, Starting when released, For 2 dose, Reconstitute with 2.2 mL Sterile Water to the vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Instill medication in non-functional lumen. Do not use lumen while dwelling. Allow to dwell 30 minutes and check for patency by drawing back on lumen for blood return. If line is still not patent, allow medication to dwell an additional 90 minutes. Dwell time not to exceed 120 min. Use second dose of Alteplase (Cathflo) if catheter not patent after 120 min. If the catheter is functional, aspirate and waste the medication and residual clot prior to flushing the line.</i>		

<input type="checkbox"/> alteplase (CATHFLO) injection 2 mg	PRN	Route: Intra-Catheter
<i>Other, Line Care, Starting when released, For 2 dose, Reconstitute with 2.2 mL Sterile Water to the vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Instill medication in non-functional lumen. Do not use lumen while dwelling. Allow to dwell 30 minutes and check for patency by drawing back on lumen for blood return. If line is still not patent, allow medication to dwell an additional 90 minutes. Dwell time not to exceed 120 min. Use second dose of Alteplase (Cathflo) if catheter not patent after 120 min. If the catheter is functional, aspirate and waste the medication and residual clot prior to flushing the line.</i>		

#### PRN Medications

#### Interval

<input type="checkbox"/> sodium chloride (NS) flush 10 mL	PRN	Route: IV
<i>10 mL As Needed IV Line Care, Starting when released</i>		
<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	PRN	Route: IV
<i>500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr)</i>		

#### Emergency Medications

#### Interval

<input type="checkbox"/> diphenhydramine (BENADRYL) injection 25-50 mg	PRN	Route: IV
<i>25 to 50 mg Once As Needed IV Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;/= 20 points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25mg IV dose for a total of 50 mg, and notify provider</i>		
<input type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puff	PRN	Route: Inhalation
<i>2 puffs Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider, Starting when released, Administer with a spacer if available.</i>		
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg	PRN	Route: IV
<i>125 mg Once As Needed IV For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;/= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, For 1 dose</i>		
<input type="checkbox"/> EPINEPHrine (ADRENALIN) injection 0.5 mg	PRN	Route: Intramuscular
<i>0.5 mg Once As Needed Intramuscular Other, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (&gt;/= 40 points in SBP), shortness of breath with wheezing and O2Sat &lt;90%), and notify provider, For 1 dose</i>		

#### Labs

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Provider Signature

EHR User ID

Date

Time

Initials

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THERAPY PLAN TEMPLATE

Place Patient Label Here

Prog & Orders

## Supportive Care

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Provider Signature

EHR User ID Date

Time

## Initials

Place Patient Label Here

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## **THERAPY PLAN TEMPLATE**

## Prog & Orders