



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the ☒ to remove the pre-checked option.

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
<input type="checkbox"/> Provider Communication	Once
<i>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.</i>	

Nursing Orders	Interval	
<input type="checkbox"/> Insert peripheral IV	PRN	
<i>Starting when released</i>		
<input type="checkbox"/> Access & Use Central Line/CVAD	PRN	
<i>Starting when released Access vascular device and confirm patency.</i>		
<input type="checkbox"/> Access & Use Central Line/CVAD	PRN	
<i>Starting when released Access vascular device and confirm patency.</i>		
<input type="checkbox"/> sodium chloride (NS) flush 10 mL	PRN	Route: IV
<i>Line Care, Starting when released</i>		
<input type="checkbox"/> Initiate Central Line (Non-PICC) Maintenance Protocol	PRN	
<i>Starting when released</i>		
<input type="checkbox"/> Initiate PICC Maintenance Protocol	PRN	
<i>Starting when released</i>		
<input type="checkbox"/> sodium chloride 0.9 % injection 10 mL	PRN	Route: IV
<i>Other, Line Care before and after medication administration, at discharge, and at de-access, Starting when released</i>		
<input type="checkbox"/> Nursing Communication	PRN	
<i>Starting when released Change PICC line dressing weekly and as needed.</i>		
<input type="checkbox"/> sodium chloride 0.9 % injection 20 mL	PRN	Route: IV
<i>Other, Line Care post lab draw, Starting when released</i>		
<input type="checkbox"/> sodium chloride 0.9 % injection 10 mL	PRN	Route: IV
<i>Other, Line Care before and after medication administration, at discharge, and at de-access, Starting when released</i>		
<input type="checkbox"/> heparin, porcine (PF) 100 unit/mL flush 500 Units	PRN	Route: IV
<i>Line Care, for de-access, Starting when released</i>		
<input type="checkbox"/> sodium chloride 0.9 % injection 20 mL	PRN	Route: IV
<i>Other, Line Care post lab draw, Starting when released</i>		

Provider Signature	EHR User ID	Date	Time
--------------------	-------------	------	------

Initials

Place Patient Label Here

☐ alteplase (CATHFLO) injection 2 mg PRN Route: Intra-Catheter

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.

☐ alteplase (CATHFLO) injection 2 mg PRN Route: Intra-Catheter

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.

PRN Medications

Interval

☐ sodium chloride (NS) flush 10 mL PRN Route: IV

10 mL As Needed IV Line Care, Starting when released

☐ sodium chloride 0.9 % bolus 500 mL PRN Route: IV

500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr)

Emergency Medications

Interval

☐ diphenhydramine (BENADRYL) injection 25-50 mg PRN Route: IV

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 (≥ 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

☐ albuterol 90 mcg/actuation inhaler 2 puff PRN Route: Inhalation

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.

☐ methylPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg PRN Route: IV

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 (≥ 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

☐ EPINEPHrine (ADRENALIN) injection 0.5 mg PRN Route: Intramuscular

0.5 mg Once As Needed Intramuscular Other, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (≥ 40 points in SBP), shortness of breath with wheezing and O2Sat $<90\%$), and notify provider, For 1 dose

Labs

Provider Signature

EHR User ID

Date

Time

Initials

Page 2 of 3

EHR0248-DT (3/28/2025)

THERAPY PLAN TEMPLATE

Place Patient Label Here

Prog & Orders

Supportive Care

Provider Signature	EHR User ID	Date	Time
--------------------	-------------	------	------

Initials

Place Patient Label Here