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| UMC Health System METHYLPREDNISOLONE (SOLU-MEDROL) FOR SPINAL CORD INJURY PLAN | Patient Label Here |
|---|---------------------------|

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Vital Signs
 q1h, BP and HR every hour x 6 hours then every 2 hours

Perform Neurological Checks (Neuro Checks)
 q1h, perform hourly x 6 hours then every 2 hours

POC Blood Sugar Check
 q6h 48 hr

Communication

Inclusion Criteria:
 Acute non-penetrating (blunt) spinal cord injury
 Able to start infusion within 8 hours of injury (preferably within 3 hours)

Absolute Contraindications:
 Greater than 8 hour post injury Pregnancy
 Cauda equina injuries Age less than 13 years
 Penetrating injury (gunshot wounds) Hypersensitivity to drug or components

Careful consideration is warranted in the presence of:
 Severe diabetes mellitus
 History of GI bleeding
 Vulnerability to infectious processes

Notify Provider (Misc) (Notify Provider of Results)
 Reason: Blood glucose greater than 150 mg/dL

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Loading Dose

ROUND TO NEAREST 100 mg
methyIPREDNISolone (SOLU-Medrol)
 30 mg/kg, IVPB, ivpb, ONE TIME
 Infuse over 15 minutes

Maintenance Infusion

ROUND TO NEAREST 100 mg
methyIPREDNISolone (SOLU-Medrol)
 124.2 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 23 hr
 Maintenance infusion: Begin 45 minutes AFTER loading dose completed. Infuse over 23 hours.

GI Prophylaxis

famotidine
 20 mg, PO, tab, BID 20 mg, IVPush, inj, BID

Laboratory

Basic Metabolic Panel
 Every AM for 2 days

TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

