Healthcare Provider Order Set/Prescription for Intravenous Therapy for Treatment of Exacerbation of Known Crohn's Disease at UrgentMD Inc.

URGENT MD

The referring healthcare provider has:

- Evaluated the patient.
- Reason to believe that the patient is suffering from an exacerbation of Crohn's Disease
- Ensured that the patient is not at risk for acute decompensation.
- Has ensured the patient's continued follow-up.
- Ruled out the likelihood that the patient is suffering from an acute life-threatening process.

Exclusion criteria:

- Clinically unwell appearing patient, including significant tachycardia with heart rate greater than 120 bpm or hypotension with SBP < 90 mm Hg (unless documented to be patient baseline).
- Concern that the underlying presentation is due to something other than exacerbation of Crohn's Disease (Ex: acute appendicitis, bowel obstruction, etc.)
- Suspicion that the patient may clinically deteriorate.
- Known allergy to the prescribed IV therapies.
- Patient is unable to mobilize on his/her own without assistance (except for his/her own caregiver).

☐ Suspected exacerbation of Crohn's Disease as the cause of the present illness

Steroids:

☐ Methylprednisolone (Solu-Medrol) _____ mg IV x __ days

Intravenous fluid bolus:

☐ Normal Saline _____ mL bolus x 1

Intravenous fluid maintenance:

☐ Normal Saline _____ mL/hr

Additional intravenous medications to administer: _____

_____

Antiemetics:

☐ Metoclopramide 10mg IV x 1 administered over X minutes to be diluted in 50mL of Normal Saline

☐ Dimenhydrinate 25 mg IV x 1 to be diluted in 50mL of Normal Saline

☐ Dimenhydrinate 50mg IV x 1 to be diluted in 50mL of Normal Saline

H2 Blockers:

☐ Famotidine 20 mg IV x 1 to be diluted in 50mL of Normal Saline

Analgesia:

☐ Ketorolac 10 mg IV x 1 to be diluted in 50mL of Normal Saline

☐ Tylenol 1g PO x 1

Laboratory tests (*NOTE*: results will be sent directly to the referring provider and not reviewed by an UrgentMD provider):

☐ CBC ☐ SMA10 ☐ LFTs ☐ Lipase ☐ CRP

☐ Other: _____

In the event of allergic reaction, the nurse providing infusion services may administer any of the following medications:

Epinephrine (1:1000) 0.3-0.5mg IM q 15 mins PRN

Diphenhydramine 50 mg IV/PO x 1 PRN (If administered IV, to be diluted in 50 mL Normal Saline)

Famotidine 20mg IV/PO x 1 PRN (If administered IV, to be diluted in 50 mL Normal Saline)

Decadron 10 mg IV x 1 or Prednisone 50 mg PO x 1 PRN (If administered IV, to be diluted in 50 mL Normal Saline)

In the event of a dystonic reaction related to Metoclopramide use, nurse may administer:

Diphenhydramine 50 mg IV x 1 to be diluted in 50 mL Normal Saline

Nursing responsibilities in the event of adverse reaction:

Evaluate the patient's clinical status

Monitor patient vital signs

Administer above medications as appropriate

Call 9-1-1 for immediate transport to hospital for definitive care

Provide necessary information to the Emergency Medical Services

Nursing Notes:

Prescriber attestation and prescription for medication administration at UrgentMD Inc.:

I certify that I have evaluated the patient and that I am referring the patient to UrgentMD Inc with an order for the administration of intravenous iron replacement therapy for suspected or confirmed iron deficiency anemia. Treatment will be delivered by a licensed registered nurse as a delegated act. I further acknowledge that I am aware that the patient will not be seen by a physician or nurse practitioner at UrgentMD.

Physician Name	Physician License number	Date