

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

URGENT MD

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Patient Information:

Patient Name

Date of Birth

RAMQ Number

Phone Number

Address

Allergies

The healthcare provider has:

- Suspected exacerbation of Crohn's Disease as the cause of the present illness
- 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.
 - Ensured the patient's continued follow-up.
 - Ruled out the likelihood that the patient is suffering from an acute life-threatening process.
 - Given the patient an appropriate IV saline and Methylprednisone (Solu-Medrol) prescription by completing this form and:
 - 1 providing a copy directly to the patient and advising them to fill at their pharmacy for them to bring to their appointment;
 - 2 sending a copy directly to their pharmacy and advising patient to pick it up and bring it to their appointment; or
 - 3 by providing a copy directly to the patient and informing them that they will be asked to fill it at the pharmacy adjacent to UrgentMD on the day of their appointment.

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).

Steroids:

Methylprednisolone (Solu-Medrol) _____ mg IV x ___ days

Intravenous fluid bolus:

Normal Saline _____ mL Saline 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

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 therapy for an exacerbation of previously diagnosed Crohn's Disease (which may be newly diagnosed only if the referring physician is a gastroenterologist). Treatment will be provided 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.

Provider Name

Provider License number

Date

Provider Signature

Please fax a copy of this order to UrgentMD at (514) 905-9285