

Healthcare Provider Order Sets/Prescriptions for Intravenous Therapy for Treatment of Exacerbation of Known Multiple Sclerosis 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 Multiple Sclerosis as the cause of the present illness
- Evaluated the patient.
- Reason to believe that the patient is suffering from an exacerbation of Multiple Sclerosis
- Ensured that the patient is not suffering from any condition that warrants referral to the Emergency Department
- Ensured patient follow-up.
- 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.
- Concern that the underlying presentation is likely not due to the patient's diagnosis of Multiple Sclerosis.
- 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) 1000 mg IV x 3 days

Intravenous fluid bolus:

- Normal Saline _____ mL bolus x 1

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 SMA7 SMA10 CRP CK
- 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 the exacerbation of previously diagnosed multiple sclerosis (which may be newly diagnosed only if the referring physician is a neurologist). 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