



**Checklist for IV Solumedrol Referral**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Office Contact/Title/Email: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Best contact number for physician in case of reaction: \_\_\_\_\_

*Please return completed checklist and checklist items to initiate referral. Use this form as fax cover sheet.*

- Patient demographic information
- Insurance information and copy of insurance card/s (front and back). \*Include primary and secondary insurance
- Supporting clinical notes and office visits. Two notes preferred.
  - Note should include discussion about Solumedrol
  - Medication list and allergies
- Solumedrol Prescribing Order (see attached)

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**Fax all information to our Infusion Coordinator: 508-698-8671**

Call with any questions: 781-551-5812 option 4

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Visit our website: [www.InfusionCenterNE.com](http://www.InfusionCenterNE.com)  
Email: [info@infusioncenterNE.com](mailto:info@infusioncenterNE.com)

**Infusion Center of New England**  
9 Payson Road, Suite 100, Foxboro MA 02035  
Ph: 781-551-5812  
Fax: 508-698-8671



**Prescribing Order: IV Solumedrol**

Date of Order: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Diagnosis (include ICD-10 code/s): \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

Patient Weight: \_\_\_\_\_

**Premedication:**

- Acetaminophen 1000mg PO
- Loratadine 10mg or Cetirizine 10mg PO
- Diphenhydramine 25mg PO
- Diphenhydramine 25mg IV
- Other: \_\_\_\_\_

**Lab Orders:**

\_\_\_\_\_

**Solumedrol Medication Order**

- Solu-Medrol 1gm in 250ml NS IV over 60-90 min once a month x \_\_\_ months
- Solu-Medrol 1gm in 250ml NS IV over 60-90 min daily x 3 days
- Solu-Medrol 1gm in 250ml NS IV over 60-90 min daily x 5 days
- Solu-Medrol \_\_\_\_\_mg in \_\_\_\_\_ ml NS IV over \_\_\_\_\_ min x \_\_\_\_\_

**Administration:**

- ✓ Record vital signs pre-infusion and post-infusion, and PRN
- ✓ Mix, dilute, and administer steroid product per manufacturer guidelines.
- ✓ Do not administer if patient has active signs or symptoms of infection.
- ✓ In case of infusion reaction, STOP infusion and follow ICNE infusion reaction protocol. Notify physician.

Ordering Provider Name

NPI

Signature

Date