



Oregon Medical Group  
Infusion Center  
1007 Harlow Road  
Springfield, Oregon 97477  
Phone: (541) 741-0387  
Fax: (541) 242-4634

## Methylprednisolone (Solu-Medrol) Infusion Orders

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

1. Vital signs: Initial, PRN
2. Peripheral IV site with saline lock, may use existing PICC line or port-a-cath if available.
3. Infuse Solu-Medrol intravenously, diluted in Sodium Chloride 0.9% 250ml, over 1.5 hours.
4.  Solu-Medrol 1 gram IV every 24 hours for 3 days  
 Solu-Medrol \_\_\_\_\_ IV every \_\_\_\_\_ for \_\_\_\_\_  
 Other: \_\_\_\_\_
5. For infusion/allergic reaction (itching, hives, low back pain, joint pain, bone pain)

\_\_\_ Slow or stop infusion.

\_\_\_ Diphenhydramine (Benadryl) 25mg in 9 mL saline slow IV push. May repeat X 1 if no pre-mediations.

\_\_\_ If reaction continues, contact supervising physician for further instructions.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider printed name: \_\_\_\_\_