

ALL ORDERS MUST BE SIGNED AND DATED BY THE REFERRING PROVIDER

ALLERGIES/REACTIONS (REQUIRED):

Yakima Outpatient Infusion Care
808 N 39th Ave Yakima WA 98902
Phone: 509-575-1174
Fax: 509-577-5021

ORDERS WITH CHECK BOXES

When an order is optional (those with check boxes), providers are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.

CODE STATUS

Patients will be considered FULL CODE unless marked otherwise. If the patient has a POLST, advance directive, or living will, please include a copy with the orders.

METHOTREXATE FOR ECTOPIC PREGNANCY

**** STAT / URGENT ****

Patient Name: _____ Date of Birth: _____

Patient Phone Number: _____

DIAGNOSIS & ICD-10 CODE (REQUIRED):

Ectopic Pregnancy (ICD-10: _____)

REQUIRED: H&P with documentation to support above diagnosis including ICD-10 code and supporting labs

****If required documentation not received with this order, scheduling of treatment will be delayed until complete information is available****

Patient Height = _____ | Patient Weight = _____ kg

Pharmacy Calculated BSA (m²) = _____

LABS (circle): CMP | CBC | hCG/Quant | Other: _____

TREATMENT REGIMEN: (another brand of drug, identical in form and content may be dispensed unless "DAW" or "BRAND ONLY" is written next to the drug name)

Methotrexate per pharmacy, 50 mg/m² IM x 1 dose.

Calculated dose by pharmacy _____ mg (rounded to nearest 5 mg)

Doses > 75 mg will be divided equally into separate syringes

Pharmacist Signature: _____

ADDITIONAL INFORMATION/MONITORING: _____

SUPPORTIVE CARE: Administer hypersensitivity reaction/anaphylaxis management per MYMH OIC protocol as necessary.

DISCHARGE: 30 minutes after injection when vital signs are stable, and no reaction is present.

Provider Signature: _____ Date: _____

Print name: _____ Phone # _____ Fax # _____

****STAT / URGENT****

Patient Identification - Attach Patient Label

Name:

MRN:

Age / Sex and Gender:

METHOTREXATE – ECTOPIC PREGNANCY



Yakima Memorial Hospital