ALL ORDERS MUST BE SIGNED, DATED AND TIMED BY PHYSICIAN			
Allergies/Reactions:	Fax all infusions to: 833-380-8800 Please mark the appropriate infusion center:	□ Allenmore Infusion Center□ Auburn Infusion Center□ Gig Harbor Infusion Services□ Puyallup Infusion Center	☐ DHEC Infusion Center☐ North Spokane Infusion Center☐ North Star Lodge Infusion Center☐ Description
ORDERS WITH CHECK BOXES When an order is optional (those with check boxes), physicians are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.			
Methotrexate for Ectopic Pregnancy Patient Name: Requested Date of Service: /			
	Patient Phone Number: (10 Code:)	undy leave message
	<u>-10 coac</u> .		
			
Required: H&P with documentation to support above diagnosis including ICD-10 code, supporting labs **If required documentation not received with order, scheduling of treatment will be delayed until complete information is available**			
Patient height =weight =	lb/kg BSA =	m2	
(patient height and weight are required for BSA dosing)			
Treatment Regimen:			
Methotrexate 50 mg/m2 lM x 1 dose • Calculated dose rounded to nearest 5 mg = mg			
Note - dose will be divided into 2 injections if dose is greater than 75 mg Note - dose will be divided into 2 injections if dose is greater than 75 mg			
Those dose will be divided into 2 injections if dose is greater than 7.5 mg			
☑ Vital Signs: Check vital signs prior to and after injection.			
Contact provider if systolic BP >180; diastolic BP >100; systolic BP <90; HR >110; temp >38C (100.4F)			
Special Instructions: Discharge patient 15 minutes after methotrexate injection if stable			
Provide printed information on Methotrexate for Ectopic Pregnancy with the following instructions:			
 Avoid intercourse until hCG is undetectable Avoid pelvic exam until hCG has normalized due to theoretical risk of tubal rupture 			
 Avoid pervice exam until rice has normalized due to theoretical risk of tubul rupture Avoid sun exposure for 1 week to limit risk of methotrexate dermatitis 			
Avoid nonsteroidal anti-inflammatory drugs for 72 hours after injection due to potential drug interaction with methotrexate			
Follow-up with provider for questions or concerns			
If hypersensitivity develops (fever, chills, hypotension, rigors, itching, rash, etc.):			
Consult MultiCare hypersensitivity guideline for treatment management			
Notify provider of reaction, assessment an	d need for futher orders		
Code Status: Please note, 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.			
Was consent obtained: ☐ Yes ☐ No (if yes, please send DOCUMENTATION of consent with order)			
Provider Signature	Print Name	Date	Time
Another brand of drug, identical in form and content, may be dispensed unless checked Patient Identification - Always Attach Patient Label			

Name:

MRN #:

CSN #:

Age / Sex and Gender:

Pre-printed Order

METHOTREXATE FOR ECTOPIC PREGNANCY

MultiCare 🕰

