

PHARMACY ORDERS MUST CONTAIN	IV ACCESS
<p>DATE – TIME – NAME OF MEDICATION– DOSE – ROUTE            FREQUENCY- DURATION – MD SIGNATURE – PAGER NUMBER- PERMISSION IS            GIVEN TO DISPENSE THE GENERIC / THERAPEUTIC EQUIVALENT.</p> <p><b>REVIEW INPATIENT MEDICATION ORDERS            EACH THURSDAY BY 10:00 A.M.</b></p>	<p>[ ] Peripheral                      [ ] Port A Cath Single            [ ] Hickman I Lumen            [ ] Port A Cath Double            [ ] Hickman II Lumen          [ ] Groshong Single            [ ] Hickman III Lumen        [ ] Gorshong Double            [ ] CVP                              [ ] Other</p>

ALLERGIES:	HT:	WT:	BSA:
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DATE/TIME	LASIX INJECTION ORDERS
	<ol style="list-style-type: none"> <li>1. Check for Allergies: (i.e. HISTORY: If allergic to Sulfonamides, do not inject, ask Nuclear Medicine Physician).</li> <li>2. <u>PREPARATION</u>: Hydration 10 mg/kg water po 30 minutes before Lasix.</li> <li>3. BLADDER CATHETERIZATION on special request.</li> <li>4. <u>VITAL SIGNS</u>: (IF BP less than 100 systolic Do not inject. Notify Nuclear Medicine Physician).</li> <li>5. Start IV Heparin Lock butterfly and maintain until the end of the study.</li> <li>6. Dose Lasix Adult - 40 mg IV (Children 1 mg/kg max 40 mg). If patient has taken Lasix or other diuretic, ask Nuclear Medicine Physician. <b>Only children above the age of 12 will be considered for this procedure</b></li> <li>7. At 0 time, inject radiopharmaceutical (10 mCi MAG<sub>3</sub>-Tc-99m in Adults - In Children 0.2/kg but minimum 1 mCi, max. 10 mCi).</li> <li>8. Inject Lasix slowly (over 30 second) immediately after the Radiopharmaceutical.</li> <li>9. If patient drops BP below 100 systolic or develops orthostatic symptoms – i.e. <b>light-headedness or dizziness</b> (it may occasionally happen when the patients go to empty their bladder at 23 min post injection), place the patient supine and if the pressure is low, start 250 ml normal saline drip. If the pressure continues to be low (less than 100 mmHg systolic), start infusion of bolus of NS and continue to infuse at 20 drops/min till blood pressure stabilizes. Nuclear Medicine Physician should be notified (or page him). For more severe reactions (persistent hypotension, dyspnea, SOB, chest pain, stroke, arrest) call CODE TEAM.</li> </ol>

LOCATION:	EPISODE #:
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**SYLVESTER COMPREHENSIVE CANCER CENTER**  
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 Miami, FL 33136                      www.med.miami.edu                      (305)243-1000

**LASIX INJECTION ORDERS**



Form  
 A1400068  
 Revised  
 05/10/05

NAME: \_\_\_\_\_

\_\_\_\_\_  UMMG #  MRN

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_