



**406  
ARTHRITIS  
CLINIC**

Get back to your 406 life!

INFUSION SUITE		DHE45 INFUSION ORDERS	
406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102		Phone: 406-345-0211	Fax: 747-205-0742
<b>PATIENT INFORMATION - Include Patient Demographics and Insurance Cards</b>			
Name:	<input type="text"/>	DOB:	<input type="text"/>
<b>MEDICAL INFORMATION</b>			
ICD10:	<input type="text"/>	Patient Height:	<input type="text"/>
Patient Weight (kg):	<input type="text"/>	Allergies:	<input type="text"/>
*Weigh patient prior to each infusion			
<b>REQUIRED TESTING</b>			
Additional labs:	<input type="text"/>		
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
<b>PREMEDICATIONS 30 minutes prior to starting</b>			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1	<input type="checkbox"/> 500mg PO X1	<input type="checkbox"/> 650mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IVP X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IVP X1 <input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg IV X1	<input type="checkbox"/> 125mg IV X1
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> Antiemetic:	<input type="checkbox"/> Reglan 10mg IVP <b>OR</b> <input type="checkbox"/> Zofran 4mg IVP		
<b>DHE 45 ORDERS</b>			
<input type="checkbox"/> DHE 45	1mg IV over 2-3 minutes	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> DHE 45	2nd dose: 1mg IV over 2-3 minutes	<input type="text"/>	<input type="text"/>
*Second dose only applicable if after one hour, acute migraine persists			
*SPB <160 / DBP <90			
<b>POST INFUSION</b>			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge after 1 hour observation time			
<input type="checkbox"/> Discharge home without observation time			
Referring Provider Printed:	<input type="text"/>		
Referring Provider Signature:	<input type="text"/>	Date:	<input type="text"/>
Referring Provider Phone:	<input type="text"/>	Referring Provider Fax:	<input type="text"/>
406 Provider Printed:	<input type="text"/>		
406 Provider Signature:	<input type="text"/>	Date:	<input type="text"/>

**\*Credentials must be included**

**Infusion Directions:**

- Break 1mg/ml ampule. Using **filter** needle and 3mL syringe, remove DHE 45
- Discard broken ampule into sharps container
- Administer DHE45 as slow IVP over 2-3 minutes

**Nursing Considerations:**

***This is a hazardous drug. You must don hazardous PPE (Chemo gown, chemo gloves X2, face shield)***

***Follow spill kit directions for cleaning protocol***

***Dispose all equipment (vial, tubing, etc) in a red biohazardous waste bag***

***\*Max dose in 24 hours is 2mg***