GREATER BOSTON INFUSION CENTER
17/19 Kendrick St, Wrentham, MA 02093
P 774-581-0032 | F 774-581-0033

IV Solumedrol - Referral Checklist

Referral packet checklist Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME | DOB | DATE

REFERRING PROVIDER | NPI | DIRECT CONTACT / EXT.

OFFICE / PRACTICE | PHONE | FAX

EMAIL | URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- [ ] Patient demographics and contact information
- [ ] Primary and secondary insurance information; front/back card copies
- [ ] Supporting clinical notes / office visits documenting IV Solumedrol treatment plan
- [ ] Current medication list and allergies
- [ ] Relevant laboratory results / imaging and baseline safety information
- [ ] Completed IV Solumedrol prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include discussion about Solumedrol
- Medication list and allergies

GBIC INTERNAL USE

REFERRAL RECEIVED | BENEFITS VERIFIED | PA STATUS / THROUGH | SCHEDULED

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Prescribing Order - IV Solumedrol

ORDER DETAILS

DATE OF ORDER

PATIENT NAME

DOB

M/F

DIAGNOSIS / ICD-10

☐ NKDA

PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

☐ Acetaminophen 1000mg PO

☐ Loratadine 10mg or Cetirizine 10mg PO

☐ Diphenhydramine 25mg PO

☐ Diphenhydramine 25mg IV

☐ Other

LAB ORDERS

☐

SOLUMEDROL MEDICATION ORDER

☐ Solu-Medrol 1gm in 250ml NS IV over 60-90 min once a month x

months

☐ Solu-Medrol 1gm in 250ml NS IV over 60-90 min daily x 3 days

☐ Solu-Medrol 1gm in 250ml NS IV over 60-90 min daily x 5 days

Prescribing Order - IV Solumedrol (continued)

ADMINISTRATION & MONITORING

- ✓ Record vital signs pre-infusion and post-infusion, and PRN
- ✓ Mix, dilute, and administer steroid product per manufacturer guidelines.
- ✓ Do not administer if patient has active signs or symptoms of infection.
- ✓ In case of infusion reaction, STOP infusion and follow GBIC infusion reaction protocol. Notify physician.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME

NPI

DATE

SIGNATURE

Handwritten or compliant electronic signature

OFFICE PHONE / EXT.