

 NEW ENGLAND  
Cancer Specialists

Infusion Center

Kennebunk • Portsmouth • Scarborough • Topsham  
Phone: 207-303-3225 Fax:207-692-2473

**Methylprednisolone IV (Solu-medrol)**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Diagnosis Code:** \_\_\_\_\_

**Height:** \_\_\_\_\_ (cm) **Actual Weight:** \_\_\_\_\_ (kg) **Allergies:** \_\_\_\_\_

**Please list any premeds needed here.** \_\_\_\_\_

**Methylprednisolone IV:**

**Dose in mg** \_\_\_\_\_

**Frequency** \_\_\_\_\_

**Orders valid through** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*\*Infusion rate will be over 30 min unless otherwise specified. \*\***

**Other specified rate:** \_\_\_\_\_

**\*In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.**

**Provider Name:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Pager:** \_\_\_\_\_