**Physician Orders ADULT**  
**Order Set: Methylprednisolone for Spinal Cord Injury**  

**Protocol Orders**

- **[R]** = will be ordered  
- **T** = Today; **N** = Now (date and time ordered)

<table>
<thead>
<tr>
<th>Height: ___________ cm</th>
<th>Weight: __________ kg</th>
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**Allergies:**

- [ ] No known allergies
- [ ] Medication allergy(s): ____________________________
- [ ] Latex allergy       [ ] Other: ____________________________

**Methylprednisolone for Spinal Cord Injury Protocol Orders**

- **Continuous Infusions**
  - **[ ]** Insulin Sliding Scale Protocol Orders
  - **[ ]** Methylprednisolone 30 mg/kg, IV Piggyback, IV Piggyback, once, STAT, T;N (infuse over 15 min), Comment: Place in 50mL NS as Bolus, Dose= 30mg/kg
  - **NOTE: Choose one of the orders below:**
  - **NOTE: Order below if patient is 0-3 hours post injury**
    - **[ ]** NS 500 mL + methylPREDNISolone 500 mL, IV, Routine, T;N+60, (for 1 dose ), 22 mL/hr (additive) 124mg/kg
  - **NOTE: Order below if patient is 4-8 hours post injury**
    - **[ ]** NS 500 mL + methylPREDNISolone 500 mL, IV, Routine, T;N+60, (for 2 dose ), 22 mL/hr (additive) 124mg/kg

**Date** | **Time** | **Physician's Signature** | **MD Number**

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*PT Methlpredisonlone for Spinal Cord Protocol Orders*

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