



attach patient label here

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

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: _____ [] No known allergies

[] Medication allergy(s): _____

[] Latex allergy [] Other: _____

[R] Methylprednisolone for Spinal Cord
Injury Protocol Orders**Medications**[] **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**Continuous Infusions****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

