

**SODIUM THIOSULFATE (PEDMARK®) PRE-MEDICATION PRESCRIBER ORDER FORM**

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Gender:</b>
<b>Address:</b>		
<b>Phone:</b>	<b>Height:</b> <input type="checkbox"/> inches <input type="checkbox"/> cm	<b>Weight:</b> <input type="checkbox"/> lbs <input type="checkbox"/> kg

**Clinical Information**

<b>Primary Diagnosis Description:</b>	<b>ICD-10 Code:</b>
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**SODIUM THIOSULFATE (PEDMARK®) PRE-MEDICATION Prescription****Pre-medication Order Change:**

Discontinue: \_\_\_\_\_

**Add following medication(s) to current regimen** (to be given 30 – 60 minutes prior to Pedmark infusion, Refills x 1 year):

- Ondansetron (Zofran) 8mg IV
- Metoclopramide (Reglan) 10mg IV
- Diphenhydramine (Benadryl) 25mg PO
- Diphenhydramine (Benadryl) 12.5mg IV
- Dexamethasone (Decadron) \_\_\_\_mg IV/PO
- Famotidine (Pepcid) 20mg IV
- Prochlorperazine (Compazine) \_\_\_\_\_mg IV
- LMX 4 or (EMLA) Lidocaine 2.5%/Prilocaine 2.5% cream – Apply topically 1 hour prior to starting IV or accessing port
- Other: \_\_\_\_\_

*I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.*

<b>Prescriber Signature:</b>	<b>Date:</b>
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**Prescriber Information**

<b>Prescriber Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Address:</b>	<b>NPI:</b>	
<b>City, State:</b>	<b>Zip:</b>	<b>Office Contact:</b>

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