

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____
Allergies with reaction type: _____

FOSPHENYTOIN (CEREBYX) ORDER FORM
RX = FOS

Version 4 05/14/2014

Administration Guidelines and General Points:

- * ALL DOSES OF FOSPHENYTOIN ARE ORDERED IN PHENYTOIN EQUIVALENTS (PE)
- * Continuous EKG monitoring, blood pressure and respiratory status monitoring are recommended when administering intravenous loading dose of fosphenytoin for status epilepticus.
- * Phenytoin levels should not be drawn for at least 2 hours post-dose for IV administration and 4 hours for IM administration of fosphenytoin.
- * Fosphenytoin should not be used for maintenance therapy in patients able to utilize oral medications.
- * Fosphenytoin should be regarded as incompatible with all fluids and drugs other than 0.9% sodium chloride for injection and D5W. IV lines should be flushed before and after administration of fosphenytoin.
- * Admixtures containing a precipitate should be discarded.

_____ **INTRAVENOUS FOSPHENYTOIN (CEREBYX)**

ALL DOSES ARE ORDERED IN PHENYTOIN EQUIVALENTS (PE)

- _____ IV Status Epilepticus Loading Dose _____ mgPE Recommended: 20 mg PE/kg via pump administered no faster than the maximum infusion rate of 150 mgPE/min. Diluted in NS or D5W to a final concentration not to exceed 25 mg/ml PE.
- _____ IV Non-Emergent Loading Dose _____ mgPE Recommended: 10-20 mg PE/kg in 0.9% sodium chloride for injection not to exceed 25 mg/ml PE administered no faster than the maximum infusion rate of 150 mgPE/min.
- _____ IV Maintenance Dose _____ mgPE every _____ hrs. Recommended: 4-6 mg PE/kg/day in 0.9% sodium chloride for injection not to exceed 25 mg/ml PE.
- _____ IM Maintenance Dose _____ mgPE every _____ hrs. Recommended: 4-6 mg PE/kg/day in syringe, undiluted.

Provider Signature: _____ Date: _____ Time: _____