



**ORDERS**

ADDRESSOGRAPH

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**

**PRE-FLUORESCEIN ANGIOGRAM TREATMENT  
EYE CARE CENTRE – SECTION F**

(items with check boxes must be selected to be ordered)

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Date: \_\_\_\_\_ Time: \_\_\_\_\_

Time Processed  
RN/LPN Initials  
--- Comments

**TREATMENT FOR PATIENTS WITH KNOWN ALLERGY TO FLUORESCEIN DYE:**

**MONITORING:**

If diphenhydrAMINE has been administered, patient must remain in the unit for a minimum of 45 minutes post administration time. Monitor vital signs pre administration of diphenhydrAMINE and pre and post fluorescein administration.

**INTRAVENOUS:**

Initiate IV access- saline lock

**MEDICATIONS:**

**Adults:**

- diphenhydrAMINE 50 mg PO x 1 dose 15 to 30 minutes prior to the injection
- diphenhydrAMINE 50 mg IM x 1 dose prior to the injection
- predniSONE 50 mg PO DAILY x 2 days (give one day prior to and on day of procedure)
- methylPREDNISolone sodium succinate (SOLU MEDROL) 40 mg IM x 1 dose prior to the injection

**PRN MEDICATIONS:**

**Adults:**

- EPInephrine 0.3 mg (0.3 mL of a 1:1000 solution) IM, repeat Q5MIN up to 3 doses.

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Prescriber's Signature  
PFATECCSECF

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