ADVANCED
INFUSION CENTER

Vyepti Infusion Order

Patient Name: _____DOB: _____

Allergies: _____ Weight: _____ lb./kg

Diagnosis ICD 10: _____

Order: Vyepti _____ mg IV over 30 minutes; every 3 months

Pre-Medications: check all that apply

- o Acetaminophen 650 mg po
- o Diphenhydramine 25 mg po
- o Loratadine 10 mg po
- o Methylprednisolone 40 mg IV
- o Ondansetron 4mg IV or 8 mg IV (circle one)

Additional Orders: _____

Infusion Monitoring:

- Monitor for 30 minutes post infusion after first infusion; subsequent infusion monitor prn

Physician Signature: _____ Date: _____

Physician Name (printed): _____

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