

SURNAME _____
 GIVEN NAMES _____
 DOB _____ Sex: M F
 ADDRESS _____
 POST CODE _____

**MEDICATIONS & ANAPHYLAXIS
 STANDING ORDER**

PH: 13 000 54627 Fax: 07 3357 7843 (Brisbane) Fax: 07 5448 7096 (Sunshine Coast)

KNOWN ALLERGIES:

IV MEDICATION & FLUID ORDERS

DATE & TIME	DRUG & IV FLUIDS	DOSE	RATE	ROUTE	SIGN

ORAL, SUBCUTANEOUS & INTRAMUSCULAR MEDICATION ORDER

DATE & TIME	DRUG	DOSE	FREQUENCY	ROUTE	SIGN

1. ADRENALINE 1:1000	DOSE GUIDELINES: 0.3 - 0.5mg (FOR ADULTS) PREFERABLY INTRAMUSCULARLY	DOSE:
2. PROMETHAZINE	DOSE GUIDELINES: 25mg - 50mg IM (FOR ADULTS)	DOSE:
3. HYDROCORTISONE	DOSE GUIDELINES: 100mg - 500mg IM/IV	DOSE:
4. OTHER		

These guidelines were developed following review of existing Victorian Hospital in the Home (HITH) Anaphylaxis protocols and consultation with Monash University, Department of Allergy and Immunology, the Inner and Eastern Health Care Network HITH Coordinators, the VCACI Advisory Group and a number of Victorian hospital pharmacists.

MEDICAL OFFICER NAME: _____ **SIGNATURE:** _____

CONTACT PHONE NO: _____ **DATE:** _____

Please fax with: LINCS General Referral Form
 Hospital Discharge Summary
 Comprehensive Wound Referral Form