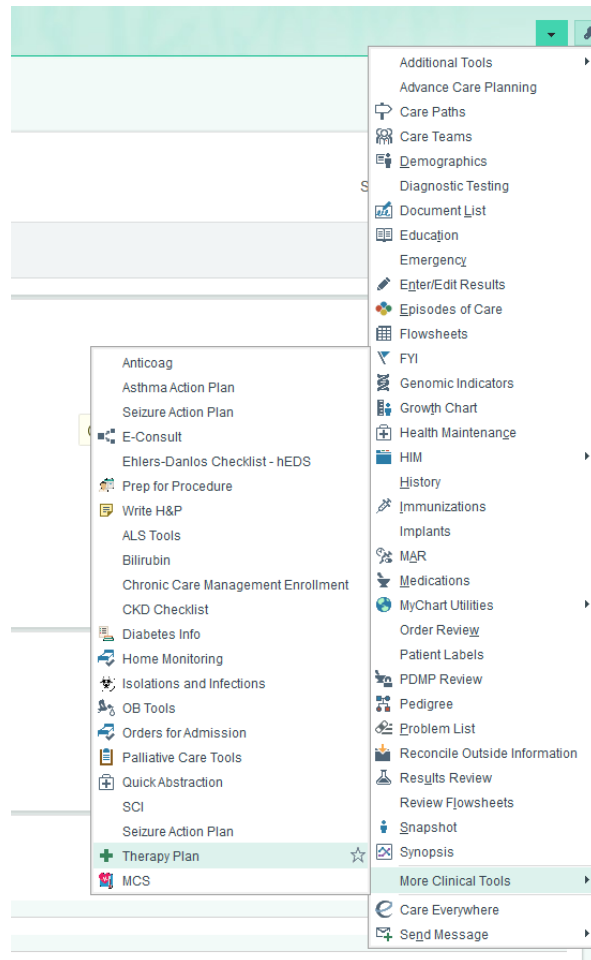
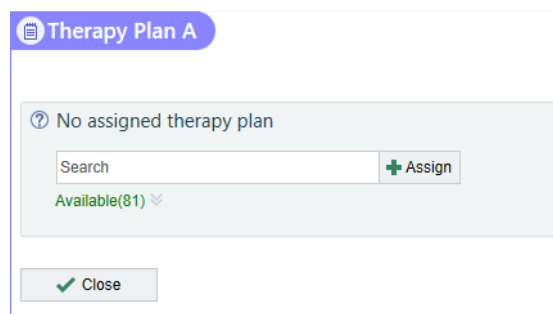


Therapy Plan Ordering Tip Sheet

1. Use the More menu by clicking . Then choose **More Clinical Tools** followed by **Therapy Plan**. (Hint: You can star it if you use Therapy Plan's a lot.)



2. Search for the Therapy Plan. The other option is to click the Available link.



3. Insert the date of the first infusion as the **Plan Start Date**. Ensure you are listed as the **Lead Provider**. Choose which **treatment department** the patient will receive their infusion (Ex: MCDI IV Therapy). Associate the plan with the patient's diagnosis. Then **Assign Plan**.

Therapy Plan Properties - CEFTRIAXONE (ROCEPHIN) DAILY

Plan name: CEFTRIAXONE (ROCEPHIN) DAILY

Plan start date: 12/5/2022

Lead provider: COLLINS, LAURA B

Treatment department: MHCL IV THERAPY

Problems Preview Plan

Problems associated with this treatment are:

Diabetic foot ulcer with osteomyelitis (HCC)

Description	Most Recent Stage	Overview	Resolves To
<input checked="" type="checkbox"/> Diabetic foot ulcer with osteomyelitis (HCC)			Diabetic foot ulcer with osteomyelitis (HCC)

Add a new problem

Add to favorites

4. If you want to change the duration of treatment, click the blue link under the **infusion appointment request** AND the **medications**. Then, update the duration of the treatment to your preferred length.
- Ex: The plan defaults to 7 treatment days and you want it to be 10 treatment days.

Ceftriaxone (Rocephin) Daily

Appointment Requests

Infusion Appointment Request Every 1 day 7/7 remaining
Expected: S, Expires: S+365, 90 minutes, Schedule appointment at most 1 days before or at most 1 days after

Labs

Infusion Appointment Request

Order Schedule

Group with protocol: Ceftriaxone (Rocephin)

Category: Appointment Request

Interval: **Daily** Every 1 day

Every 1 days

Minimum separation: days

Next due: 12/5/2022

Duration: Until discontinued

7 treatments

Until

5. If you want to adjust the dose of the medication, click the blue link under the medication name and adjust the dose accordingly.

Order Details

Reference Links: 1. Lexi-Comp

Dose: 2 g 500 mg 1 g **2 g**

Weight Type: **Recorded** Ideal Adjusted Dosing Order-Specific

6. Fill out any order details with red hard stops and then sign the plan .