

PATIENT INFORMATION					
Acute Care Specialist	Name:		Primary diagnosis		
	Phone:		Diagnosis code:	Med list attached	
Patient	see attached	Gender: Male Female	Other:		
Patient name:			Medical assessment		
DOB:	SSN:				
Address:			Height:	Weight:	lbs kg
City:	State:	Zip:	Current medications: Yes No		
Phone:	Cell:		If yes, list or attach:		
Emergency contact:			Allergies:		
Phone:	Relationship:				
Insurance	Front and back of insurance card to follow				
	Primary	Secondary			
Insurance:					
Phone:					
Policy #:			IV access: PIV PICC Port Midline Tunneled CVL		
Group:			Number of lumens _____		

PRESCRIPTION AND ORDERS Medication infused per PI recommended rate and via rate controlled device per therapy

Medication Orders							
Drug:	Dose:	Frequency:	Start Date:	Stop Date:	Duration of Therapy:		
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IV Access Maintenance							
Sodium Chloride 0.9%: Flush each lumen with 5 - 20 ml before and after each medication dose and as needed for lab draws and daily line maintenance if applicable. Flush each lumen of IV access with 5-20 ml Sodium Chloride 0.9% on days medication not administered, if applicable.							
Heparin 10 units/ml: Flush each lumen with 3-5 ml after each medication dose and as needed for lab draws and daily line maintenance if applicable. [Substitute Heparin 100 units/ml if Port-A-Cath]							
Lab Orders							
Antibiotic Therapy:	CBC	BMP	CMP	CRP	ESR	CPK	Vanc Trough weekly
Other lab orders:							
Additional Orders							
<input checked="" type="checkbox"/> Pharmacy to dispense quantity sufficient of all needles, syringes, and IV access supplies medically necessary to provide the prescribed treatment through completion of the therapy.							
<input checked="" type="checkbox"/> Skilled RN to provide inpatient bedside education for home infusion antibiotic therapy.							
<input checked="" type="checkbox"/> Skilled RN to perform initial home visit for admission assessment, education (teach & train), and/or administration of outpatient infusion. RN to provide patient/caregiver education related to medication management, line care, disease state, emergency preparedness, adverse medication effects, home safety, infection control measures, nutrition/hydration, and contact information for physician/pharmacy.							
<input checked="" type="checkbox"/> Optum pharmacist to monitor lab values and make therapeutic dose adjustments as needed. Pharmacist may order additional lab work as necessary for therapy monitoring, if permitted by state regulations.							
Other:							

Patient name: _____ DOB: _____

PRESCRIPTION AND ORDERS (continued)

Anaphylaxis Kit Order Infusion Reaction Management x1 year

Mild

- Slow infusion rate by 50% until symptoms resolve. Resume at previous rate as tolerated.
 DiphenhydrAMINE PO 25mg 50mg _____ mg
 Dispense diphenhydrAMINE 25mg capsules x 4

Moderate

- Stop Infusion, resume at 50% rate when symptoms resolve
 DiphenhydrAMINE IV 25mg 50mg _____ mg
 Dispense diphenhydrAMINE 50mg vial x 1

Severe (Anaphylaxis) *Call 911* Notify Prescriber

- Stop infusion and remove tubing from access device to prevent further administration
- Initiate 0.9% NaCl 500mL/hr IV OR _____ mL/hr
- **Administer EPINEPHrine 1mg/mL by weight (Wt.) as an IM injection into the lateral thigh**

Wt > 66lbs (30kg) 0.3mg/0.3mL	Wt 33 to 66 lbs (15 to 30kg) 0.15mg/0.15mL	Wt < 33lbs (15kg) 0.01mg/kg
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- Repeat EPINEPHrine in 5 to 15 minutes if symptoms persist
- Administer CPR if needed until EMS arrives
 Dispense 0.9% NaCl 500mL x 1 Dispense EPINEPHrine 1mg vial x 2
 Other _____

PHYSICIAN INFORMATION

Name:		Address:	
Practice:		City:	State: Zip:
Phone:	Fax:	NPI:	Contact:
Signature:			Date:

NOTES