

Home Infusion Order Form

Phone: 508-624-8555

Fax: 508-302-6144



Patient Name: _____

Date: _____

Height: _____

Address: _____

Diagnosis: _____

Weight: _____

DOB: _____

Allergies: _____

** Indicates required field*

***MEDICATION ORDER:**

| Drug | Route | Dose | Frequency | Length of Therapy |
|-------|-------|-------|-----------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

***LINE TYPE (select one)** PICC Midline Central line Port (Port Needle Size: _____)

***VENOUS ACCESS FLUSH ORDER**

Normal saline flush 5 – 10 ml

Flush catheter with 5 – 20 ml before and after each infusion / catheter blood draw or PRN catheter maintenance

Pharmacy to dispense quantity sufficient for one year from date above

***VENOUS ACCESS FLUSH ORDER (select one)**

Heparin 10 unit/ml 3 - 5 ml Heparin 100 unit/ml 3 - 5 ml No Heparin

Instill 3 - 5 ml before and after each infusion / catheter blood draw or PRN monthly catheter maintenance

Pharmacy to dispense quantity sufficient for one year from date above

OTHER ACCESS ORDERS (select any/all that apply)

Alteplase (Cathflo) 2mg per lumen to dwell, may dispense and repeat x1 per incident of sluggish/occluded line. Qty#2

RN to pull PICC line at end of therapy

***LAB ORDERS (Select all required):** Lab start date/frequency: _____

CBC with Diff BMP CMP CPK

ESR CRP Liver Panel BUN/Creat

Vancomycin trough (target trough level) _____ Frequency _____

Aminoglycoside trough peak (target levels) _____ Frequency _____

***Report lab results to/following physician:**

Name: _____ Phone: _____ Fax: _____

Prescriber name (printed): _____ Prescriber signature: _____ NPI: _____

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Redisclosure of this information is prohibited unless permitted by law or appropriate customer and/or patient authorization is obtained. Unauthorized redisclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is strictly prohibited. If you have received this message in error, please notify us immediately.

Interchange is mandated unless the prescriber indicates "no substitution" in accordance with the law: _____