

General Infusion Therapy Order Form

Patient Name: _____ DOB: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

1. For new patients, please submit with form:

- Copy of insurance card History & physical
 Patient demographics Pertinent labs and test results based on therapy type and diagnosis

2. Patient Information

Male Female Height: _____ in/cm Weight: _____ lbs/kg NKDA Allergies: _____
 Is this the first dose? Yes No, date of last infusion: _____ Next due: _____ Line type: PIV PICC Port Other

3. Diagnosis and Clinical Information

ICD-10 (required): _____ Primary diagnosis: _____ Other information: _____

4. Prescription Information

Medication	Medication: _____ Strength/formulation: _____
Dose / Frequency	Dose: _____ Frequency: _____
Directions	Route of administration: Intravenous Subcutaneous Other: _____ <input checked="" type="checkbox"/> Prepare and infuse medication per manufacturer guidelines, as tolerated and per PromptCare Policy & Procedure <input type="checkbox"/> Other: _____
Quantity / Refills	<input checked="" type="checkbox"/> Dispense 1 month supply / QS on all selected medications / Refill x 12 months <input type="checkbox"/> Other: _____ Dispense all medical supplies necessary for infusion

5. Additional Orders

Premedications: Give 30 min prior to infusions (*Note: if nothing is checked, no premedications will be given*)

Adults (or patients weighing >40kg):

- Diphenhydramine 25-50mg PO. Patient may decline.
 Acetaminophen 325-650mg PO. Patient may decline.
 Methylprednisolone 40mg (OR _____mg) slow IV push (or equivalent corticosteroid, substitution if needed by pharmacy)
 Other: _____

Pediatrics (weighing <40 kg): (may adjust with weight changes)

- Diphenhydramine 1mg/kg PO
 Acetaminophen 15mg/kg PO
 Methylprednisolone 1 mg/kg (OR _____mg) slow IV push (or an equivalent corticosteroid, substitution if needed by pharmacy)

For infusions to be administered by RN:

- RN to start peripheral IV or use existing CVC. RN to administer catheter flushing per PromptCare Policy and Procedure
 RN to instruct patient to hydrate pre/post infusion and educate on taking OTC diphenhydramine and/or acetaminophen per manufacturer dosing recommendations as needed to prevent/treat post-infusion headache.
 RN to monitor patient for at least 30 min post infusion (or per protocol specific to therapy) and educate on possible side effects, allergic reactions, and when to contact physician
 Other: _____

6. Adverse Reaction Orders

Standard anaphylaxis kit to be dispensed and dosed per protocol if indicated:
 Epinephrine IM/SQ (1 mg/mL vial), diphenhydramine IV/IM (50 mg/mL vial), and NS IV. Additional orders: _____

Note: for independent patients requiring an EpiPen in home due to risk of anaphylaxis, prescriber to send EpiPen prescription to retail pharmacy

7. Prescriber Information

Prescriber Name: _____ Office Contact: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 License No.: _____ DEA NO.: _____ NPI: _____

Physician Signature (Substitution Permitted)

 Date

Physician Signature (Dispense as Written)

 Date

By signing I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment. PromptCare has my permission to contact the patient's health plan to obtain any authorizations necessary to enable it to receive payment for services.
 Confidential Health Information: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization and under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law. Important Warning: This message is intended for the use of the person or entity to who 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 discrimination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately.