IV Anti-infectives referral form

Infusion Pharmacy Phone: Fax:

✂ Please detach before submitting to a pharmacy - tear here.

Acute care specialist Name: Phone:

Patient information ☐ see attached

Patient name: Gender: ○ M ○ F DOB: Last 4 of SSN:

Address: City: State: ZIP:

Phone: Cell:

Emergency contact: Phone: Relationship:

Insurance ☐ Front and back of insurance card to follow

Primary Insurance: Phone: Policy #: Group:

Secondary Insurance: Phone: Policy #: Group:

Primary diagnosis ☐ Diagnosis code: ☐ Med list attached

☐ Other:

Medical assessment Height: Weight: ○ lbs ○ kg

Current medications? ○ Yes ○ No If yes, list or attach:

Allergies:

IV access: ☐ PIV ☐ PICC ☐ Port ☐ Midline ☐ Tunneled CVL Number of lumens

Prescription and orders To be infused per the drug 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

Check all that apply: ☐ CBC ☐ BMP ☐ CMP ☐ CRP ☐ ESR ☐ CPK ☐ Vanc Trough weekly Frequency of draw(s):

Other lab orders:

Additional Orders

☐ 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.

☐ Skilled RN to provide inpatient bedside education for home infusion antibiotic therapy.

☐ 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.

☐ Pharmacist to monitor lab values and to make recommendations on therapeutic dose adjustments as needed. Pharmacist may order additional lab work as necessary for therapy monitoring, if permitted by state regulations.

☐ Other:

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Prescription and orders To be infused per the drug PI

☑ **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 prescribing physician**	• 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 • Repeat EPINEPHrine in 5 to 15 minutes if symptoms persist • Administer CPR if needed until EMS arrive ☑ Dispense 0.9% NaCl 500ml x1 ☑ Dispense EPINEPHrine 1 mg vial x 2 ☐ Other medication:

Physician information

Name: Practice:

Address: City: State: ZIP:

Phone: Fax: NPI: Contact:

By signing, I certify/recertify that the above therapy, products and services are medically necessary and that this patient is under my care. I have received authorization to release the above referenced information and medical and/or patient information relating to this therapy. Pharmacy has my permission to contact the insurance company on my behalf to obtain authorization for patient.

Substitution permissible signature | Dispense as written signature | Date

Notes

Please include ALL pages when faxing