

Bleeding disorders referral form

Infusion Pharmacy Phone: 1-855-855-8754 Fax: 1-800-311-0185

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

Representative:

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 cards to follow

Primary Insurance: Phone: Policy #: Group:
Secondary Insurance: Phone: Policy #: Group:

Physician orders:

Current patient need: Procedure scheduled for STAT/URGENT bleed Ongoing care, not an urgent request

Factor brand name:

Prophylactic dose:	(+/- %)	Freq:	Qty:	Refills:	
Bleed dose:	(+/- %)	Freq:	Qty:	Refills:	
Bleed dose:	(+/- %)	Freq:	Qty:	Refills:	
Bleed dose:	(+/- %)	Freq:	Qty:	Refills:	
Other Drug:	Dose:	Route:	Frequency:	Qty:	Refills:
Other Drug:	Dose:	Route:	Frequency:	Qty:	Refills:

IV access:

 PIV/Butterfly needle CVAD Implantable port

- Flush PIV with Sodium Chloride 0.9%: 5mls pre- and post- infusion. If Port access: Sodium Chloride 0.9%, 10mls pre- and post-infusion followed by Heparin 100 units/ml, 5mls as final lock for patency (for other orders, contact pharmacy).
- Nursing to administer and teach prescribed medication and establish and/or maintain IV access device as required.
- Pharmacy to dispense needles, syringes, HME/DME in quantity sufficient to complete therapy as prescribed.

Primary diagnosis:

 Please select a diagnosis and severity level, if appropriate

D66: Hereditary factor VIII	Mild	Moderate	Severe	D67: Hereditary factor IX	Mild	Moderate	Severe
D68: Hereditary deficiency of other clotting factors				D68.1: Von Willebrand's	Mild	Moderate	Severe
D68.2: Hereditary factor XI deficiency	Mild	Moderate	Severe	D68.311: Acquired hemophilia			

Other:

Patient has inhibitor? Yes No If positive, >5 BU or ≤5 BU or unknown

Target Joints:

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)	<ul style="list-style-type: none">Stop infusion and remove tubing from access device to prevent further administrationInitiate 0.9% NaCl 500ml/hr IV OR ml/hrAdminister EPINEPHrine 1mg/ml by weight (Wt.) as an IM injection into the lateral thigh Wt > 66lbs (30kg) Wt 33 to 66 lbs (15 to 30kg) Wt < 33lbs (15kg) 0.3mg/0.3ml 0.15mg/0.15ml 0.01mg/kgRepeat EPINEPHrine in 5 to 15 minutes if symptoms persist • Administer CPR if needed until EMS arrive Dispense EPINEPHrine x 2 1mg vial Pen JR 0.15mg Pen 0.3mg Other:

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.

Signature: _____ Date:

Please fax: Completed form Demographic sheet/insurance information Clinical notes and labs