**\*PRGORD\***   Progress & Order

 PeaceHealth

### Peace Harbor Medical Center
### Outpatient Infusion Service Request
Phone: (541) 902-6019 Fax: (541) 902-1649

**Thank you for selecting our infusion services team to care for your patient. Please provide ALL information listed below to ensure that we can process orders and schedule your patient for treatment without delay.**

**Part A- Patient scheduling and contact information:**

Patient Name (Last, First): _____ Date of Birth: _____

Patient Contact Information and Phone Number (s): _____

Ordering Provider Name (Print): _____

Provider Clinic or Service Address: _____

Clinic or Service Phone Number: _____ Clinic or Service Fax Number: _____

Diagnosis (include ICD 10 codes): _____

Medication and Service Requested- list J-Code/ CPT code if known: _____

**Date Service is Requested to Begin**: _____ **Date Service is Expected to End**: _____

*Order will expire 1 year from date of provider signature unless "date service is expected to end" is earlier.*

**Part B- Insurance and Prior Authorization.** Any non-PeaceHealth provider must obtain prior authorization prior to service.
*Attach a copy of authorization documentation received from insurance payer when submitting orders.*

Insurance (Payer) Company: _____

Prior Authorization Number and Conditions: _____

Prior Authorization Expiration Date: _____

Insurance (Payer) Contact Phone Number: _____

**Part C- Elements needed to guide medication therapy are included with request for service:**

☐ Orders and instruction (use the PeaceHealth approved ordering form if you are not a PeaceHealth provider) are complete and include provider signature at the bottom of each page. Check the boxes of ALL orders you would like to activate.

☐ For blood products, PeaceHealth Blood and Transfusion Consent form is signed and dated by the provider and the patient.

**If information is located outside of PeaceHealth's electronic medical record system attach the following:**

☐ A list of current medications reconciled by patient provider is available and includes a list of known allergies.

☐ Recent progress notes from ordering provider.

☐ A copy of relevant laboratory results and other appropriate supporting documentation.

**IMPORTANT MESSAGE TO PROVIDERS:** To reduce delays in treatment and added phone calls, you may participate to utilize PeaceHealth preferred medication formulary options by signing this document. A clinical pharmacist will adjust orders to align with PeaceHealth medical staff approved medication formulary options, policies, and procedures.

*I agree to utilize PeaceHealth preferred medication formulary options, policies and procedures that have been authorized by PeaceHealth Medical Staff. This agreement will be issued for the duration of active orders contained within this treatment plan.*

**PROVIDER SIGNATURE: _____ DATE: _____ TIME:_____**

**PeaceHealth**
Peace Harbor Medical Center

Patient Identification Label

**Provider Orders- Intravenous Medication
Outpatient Infusion Therapy Plan**

**All Pre-Selected Boxed Orders Are Initiated by Default Unless Crossed Out by Practitioner. All Boxed Orders Require Practitioner Check to be Initiated.**

**FAX completed service request and orders to: PHMC OP Infusion and Nursing Services 541-902-1649**

| Heading | Content |
|---|---|
| **Supportive Care** | ☒ **Medication:** <br><br>_____<br><br>_____<br><br>☒ **Treatment:** <br><br>_____<br><br>_____ |
| **Labs** | ☒ _____<br><br>☒ _____ |
| **Nursing Orders** | ☒ Nursing communication:<br><br>_____<br><br>_____ |
| **Nursing IV Access and Maintenance** | **Select the most appropriate option below:**<br>☒ **Insert PERIPHERAL IV** as needed and flush (unless provider selects option for a central line).<br>　☒ Sodium chloride 0.9% (NS) flush 10 mL IV once as needed for line care.<br><br>☐ **Access and use NON-PICC Central Line/CVAD**<br>　☒ Initiate Central Line (non-PICC) maintenance protocol.<br>　☒ Sodium chloride 0.9% (NS) flush 10 mL IV as needed for line care, before and after medication administration, at discharge, and at de-access (sterile NS for Port-a-Cath access)<br>　☒ Sodium chloride 0.9% (NS) flush 20 mL IV as needed for line care post lab draw.<br>　☒ Heparin, porcine (PF) 100 unit/mL flush 5 mL IV as needed for line care, for de-access.<br>　☐ Alteplase (Cathflo) injection 2 mg intra-catheter as needed for occluded central line catheters- For clearing central line catheter. Add 2.2 mL sterile water for injection to vial and let stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling; complete dissolution should occur within 3 minutes; do not shake. Final concentration is 1mg/mL. Instill medication in non-functional lumen. Do not use lumen while dwelling. Allow to dwell 30 minutes and check for patency by drawing back on lumen for blood return. If line is still not patent, allow medication to dwell an additional 90 minutes. Dwell time not to exceed 120 min. Use second dose of Alteplase (Cathflo) if catheter is not patent after 120 min. If the catheter is functional, aspirate and waste the medication and residual clot prior to flushing the line.<br><br>☐ **Access and use PICC Central Line/CVAD**<br>　☒ Initiate PICC maintenance protocol.<br>　☒ Change PICC line dressing weekly and as needed.<br>　☒ Sodium chloride 0.9% (NS) flush 10 mL IV as needed for line care, and before and after medication administration.<br>　☒ Sodium chloride 0.9% (NS) flush 20 mL IV as needed for line care post lab draw<br>　☐ Alteplase (Cathflo) injection 2 mg intra-catheter as needed for occluded central line catheters- For clearing central line catheter. Add 2.2 mL sterile water for injection to vial and let stand |

**Practitioner Signature:** _____**Date of Order:** _____**Time:** _____

*Final page of orders must include signature of the ordering practitioner, date, and time.*

![PeaceHealth Peace Harbor Medical Center logo]

### Provider Orders- Intravenous Medication Outpatient Infusion Therapy Plan

**All <u>Pre-Selected Boxed Orders</u> Are Initiated by Default Unless Crossed Out by Practitioner. All <u>Boxed Orders</u> Require Practitioner Check to be Initiated.**

| Heading | Content |
|---|---|
| | undisturbed to allow large bubbles to dissipate. Mix by gently swirling; complete dissolution should occur within 3 minutes; do not shake. Final concentration is 1mg/mL. Instill medication in non-functional lumen. Do not use lumen while dwelling. Allow to dwell 30 minutes and check for patency by drawing back on lumen for blood return. If line is still not patent, allow medication to dwell an additional 90 minutes. Dwell time not to exceed 120 min. Use second dose of Alteplase (Cathflo) if catheter is not patent after 120 min. If the catheter is functional, aspirate and waste the medication and residual clot prior to flushing the line. |
| **PRN Medications** | **Standard As Needed Medications:**<br>☒ Sodium chloride 0.9% (NS) flush 10 mL IV as needed for line care.<br>☒ Sodium chloride 0.9% 500 mL continuous infusion at 25 mL/hour IV as needed for line care. |
| **Emergency Medications** | ☒ **If patient has symptoms of anaphylaxis (wheezing, dyspnea, hypotension, angioedema, chest pain, or tongue swelling), discontinue infusion and initiate standard emergency response procedures.**<br><br>**Standard Adult Emergency Medications:**<br>☒ **DiphenhydrAMINE (Benadryl) injection** 25-50 mg IV once as needed for mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (greater than or equal to 20 points in SBP), nausea, urticaria, chills, pruritis).<br>• Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction.<br>• Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.<br>☐ **Albuterol 90 mcg/actuation inhaler** 2 puffs once as needed for wheezing, shortness of breath associated with infusion reaction and contact provider. Administer with a spacer if available.<br>☒ **MethylPREDNISolone (Solu-Medrol) injection** 125 mg IV once as needed for shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (greater than or equal to 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist after administration of diphenhydramine (Benadryl) and contact provider.<br>☒ **EPINEPHrine (Adrenalin) injection** 0.5 mg IM once as needed for severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (greater than or equal to 40 points in SBP), shortness of breath with wheezing and 02 Sat less than 90%) and contact provider. |
| **Referral** | ☒ Ambulatory referral to OP Infusion Services |
| **PHMC Outpatient Infusion Contact Information** | **PROVIDER – PLEASE SIGN, DATE AND TIME ORDERS AND RETURN TO:**<br>**PeaceHealth Peace Harbor Medical Center Outpatient Infusion Services Department**<br>400 Ninth Street, Florence, OR 97439<br>Contact Phone: 541-902-6019 and FAX **541-902-1649** |
| **Authorization by Verbal or Telephone Order** | Person giving verbal or telephone order: _____<br>Person receiving verbal or telephone order: _____<br>☐ Check to indicate verbal or telephone orders have been read back to confirm accuracy |

**Practitioner Signature:** _____**Date of Order:** _____**Time:** _____

*Final page of orders must include signature of the ordering practitioner, date, and time.*