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:_____

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

Sensitivity: General Business Use. This document contains proprietary information and is intended for business use only.

PRGORD Progress & Orders

Patient Identification Label

PeaceHealth
Peace Harbor Medical Center

Denosumab (Cancer-Related) and Biosimilars 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.

Heading	Content
For Admission to Service	**Provider Instruction –** Review information below and address requirements for admission to service: 1. Select indication from the list below to indicate reason for treatment (**selection is required**). If your patient does not meet one of the criteria then medication is not indicated per CMS guidelines: ☐ Prevention of fracture in patient with multiple myeloma ☐ Prevention of fractures in patient with bone metastases from solid tumors ☐ Treatment of patient with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity ☐ Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy 2. Consider oral calcium and vitamin D replacement in patients who are at risk for post treatment hypocalcemia and bone pain.
Supportive Care	☒ **Denosumab** or biosimilar 120 mg subcutaneous injection every 28 days (per insurance and PeaceHealth preferred formulary options) ☒ **REMS requirement**: Provide patient with the FDA approved medication guide for denosumab located within packaging.
Labs	☒ CMP within 30 days before each treatment and as needed per nursing order for hypocalcemia ☒ Treatment lab instructions – Provider approves to release and draw labs 2 days pre and post this planned treatment date.
Nursing Orders	☒ Remind patient of good dental hygiene and to avoid dental procedures other than cleaning. ☒ Use corrected calcium drawn within last 30 days. If previous corrected calcium (within last 30 days) was less than 8.5, wait for calcium results. If previous corrected calcium (within last 30 days) is less than 8.5, and if calcium still below 8.5 on same day draw, hold treatment, and contact provider. If patient's last calcium lab draw was greater than 30 days, then re-draw calcium and wait for results.
Emergency Medications	☒ **DiphenhydrAMINE (Benadryl)** injection 25-50 mg IM once as needed for mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritis). • Administer 50 mg IM if patient has NOT had diphenhydramine within 2 hours of reaction • Administer 25 mg IM if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IM dose for a total of 50 mg and notify provider. ☐ **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. ☒ **MethylPREDNISolone (Solu-Medrol)** injection 125 mg IM 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 (≥ 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl) and notify provider. **Do not inject into deltoid.** ☒ **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 (≥ 40 points in SBP), shortness of breath with wheezing and 02 Sat < 90%), and notify provider.
Referral	☒ Ambulatory referral to OP Infusion Services
PHMC Outpatient Infusion Contact Information	**PROVIDER – PLEASE SIGN, DATE AND TIME ORDERS AND RETURN TO:** **PeaceHealth Peace Harbor Medical Center Outpatient Infusion Services Department** 400 Ninth Street Florence, OR 97439 Contact Phone: 541-902-6019 and FAX ***541-902-1649***
Authorization by Verbal or Telephone Order	Person giving verbal or telephone order: _____ Person receiving verbal or telephone order: _____ ☐ 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.

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