

Infusion Therapy Order

Patient Name: _____ Date of Birth: _____

Address: _____ Height: _____ Weight: _____

Phone: _____ Allergies: _____

Primary Diagnosis: _____ ICD-10 Code: _____

Requested Infusion Start Date: _____ Frequency: _____

Infusion Location: _____ Duration: _____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name: _____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature: _____

*****Please use a single line and mark through any orders you do not want if it is pre-checked... The Appointment request is required, but make edits to the Interval and Duration as needed... Please add any additional orders on the last page*****

SJH LINE CARE - USE WITH INFUSIONS

version 11/15/2022

Nursing Communication

	Interval	Defer Until	Duration
☒ SJH ONCBCN THERAPY LINE CARE NUR COMM			
☒ Nursing Communication	PRN	S	Until discont'd

Nursing Communication (continued)

	Interval	Defer Until	Duration
☒ Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.			
☒ Nursing Communication	PRN	S	Until discontin'td
Deaccess existing central venous access device or discontinue peripheral IV as needed. May keep peripheral IV catheter up to 72 hours. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.			

Flushes

	Interval	Defer Until	Duration
☒ SJH ONCBCN THERAPY LINE CARE FLUSHES			
☒ sodium chloride 0.9% (NS) flush 10 mL	PRN	S	Until discontin'td
10 mL, intravenous, As needed, line care, Starting when released, Until Discontinued Per CVAD Policy.			

PRN Medications

	Interval	Defer Until	Duration
☒ SJH ONCBCN THERAPY LINE CARE PRN MEDS			
☒ alteplase (CATHFLO) 2 mg in sterile water for injection (PF) 2 mL syringe	PRN	S	Until discontin'td
2 mg, intra-catheter, As needed, Line care, de clot, Starting when released, Until Discontinued First Dose: 2 mg, dwell for 30 minutes; if ineffective, wait an additional 30 minutes. If ineffective after 60 minutes, move to second dose. Second Dose: 2 mg, dwell for 30 minutes; if ineffective, wait an additional 30 minutes. If ineffective after 60 minutes, notify provider.			
☒ SJH ONCBCN TOPICAL ANASTHETIC NORFLURANE SRPAY			
☒ norflurane (PAIN EASE) topical spray 1 spray	PRN	S	Until discontin'td
1 spray, topical, As needed, painful procedure, Starting when released, Until Discontinued			