CommonSpirit

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 FOR SCHEDULED MAINTENANCE

version 4/22/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (30 MIN) 30 DAYS BEFORE 30 DAYS AFTER TOLERANCE**	weekly		
☑	Infusion Appointment Request			

Appointment Request (continued)

	Interval	Defer Until	Duration

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 30 days before or at most 30 days after

Nursing Communication

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

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 discont'd

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 discont'd

10 mL, intravenous, As needed, line care, Starting when released, Until Discontinued
Per CVAD Policy.