

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 THERAPEUTIC PHLEBOTOMY - SECONDARY POLYCYTHEMIA

version 9/13/2022

Appointment Request

		Interval	Defer Until	Duration
☒	SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (60 MIN)			
☒	Infusion Appointment Request	1 time a week	S	4 treatments

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Appointment Request (continued)

Labs

	Interval	Defer Until	Duration
☒ SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE			
☐ CBC with Automated Diff	1 time a week	S	4 treatments
No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
☐ CBC Auto Diff 3 Parts	1 time a week	S	4 treatments
No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			

Nursing Communication

	Interval	Defer Until	Duration
☒ SJH ONCBCN NURSING COMMUNICATION THERAPEUTIC PHLEBOTOMY - SECONDARY POLYCYTHEMIA			
☒ Nursing Communication	1 time a week	S	4 treatments
Phlebotomy x 4 weekly if Hematocrit 55 or above, slowly decrease duration of weekly checks.			
☒ SJH ONCBCN NURSING COMMUNICATION THERAPEUTIC PHELBOTOMY - REMOVE BLOOD			
☒ Nursing Communication	1 time a week	S	4 treatments
Remove 1 unit of blood.			

Post-Hydration

	Interval	Defer Until	Duration
☒ SJH ONCBCN HYDRATION SODIUM CHLORIDE 0.9 (NS) 250 ML THERAPY			
☒ sodium chloride 0.9% (NS) infusion	1 time a week	S	4 treatments
500 mL, intravenous, at 250 mL/hr, Once, Starting 15 minutes after treatment start time Give after 1st treatment and as needed during future treatments.			

