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 THERAPEUTIC PHLEBOTOMY - POLYCYTHEMIA VERA

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

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 - POLYCYTHEMIA VERA**			
☑	Nursing Communication	1 time a week	S	4 treatments
	Phlebotomy x 4 weekly as long as Hematocrit above 45, 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.			