



Outpatient Infusion Center
IV Order

Please fax form to: 580-585-5472

Patient Information

Patient Name: DOB: Phone: Gender: M F
Patient Address: Email: Insurance:

Additional Information Needed

- Fax front/back of insurance card
Fax clinical/progress notes
Fax labs
Fax patient demographics
Fax current medication list
Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

- E86.0 Dehydration
E87.8 Electrolyte and Fluid Imbalance
K52.29 Other Allergic and Dietic Gastroenteritis and Colitis
O21.0 Mild Hyperemesis Gravidarum
R11.2 Nausea with Vomiting, Unspecified
Other: DX:

Clinical Information:

- New Therapy Induction
Therapy Change
Therapy Continuation
Patient Weight: lbs/ kg
Patient Height: in/ cm
Allergies:
Therapies Tried and Failed:
TB Test: Date: Results:
Hep B Test: Date: Results:
Does the patient have venous access? Yes or No
If yes, What type?

Lab Orders

- CBC w/o diff
CMP
ESR
CRP
Other:

Lab Orders to be done by

- Infusion Services
Referring Provider

Prescription Information

- Zofran IV, Reglan IV, Pepcid IV, 0.9% NaCl, 0.45% NaCl, LR, D5LR, Other
Dose: 4mg, 8mg, 10mg, 20mg
Frequency: Every:
Rate:

Misc Orders

- PICC/Midline/CAD dressing to be changed every 7 days

Flushes

- 10mL NS Flush Syringe PRN
Heparin 500units/5mL Flush Syringe PRN
50ml NS Bag PRN
250ml NS Bag PRN

Standing Orders for Adverse Reaction

- Stop infusion and initiate NS bolus
Notify Supervising physician and ordering provider
Solu-Cortef 100mg SIVP signs of adverse reaction
Benadryl 25 mg SIVP for hives or bronchial inflammation
Epi 1:1000 1mL IM, IV or SQ for anaphylaxis
Oxygen 2-5L nasal cannula
Albuterol 2.5mg inhaled PRN to chest tightness

Prescriber Information

Physician Name: Official Contact Name:
Contact #: Fax Number:
Address: City/State/Zip:
NPI#: DEA#: State License #:

Physician's Signature Date Time

