



Outpatient Infusion Center Port
Flush/Line Draw 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):

DX: _____

Clinical Information:

New Therapy Induction Therapy Change Therapy Continuation

Patient Weight: _____ lbs/ _____ kg Patient Height: _____ in/ _____ cm

Allergies: _____

Therapies Tried and Failed: _____

Last chest x-ray: Date: _____ Results: _____

Lab Orders

Flushes

Access and De-access implanted port for lab draw and/or port flush. Prior to de-accessing port, flush with 10mL of NS and 500 units/5mL of Heparin

Access and De-access PICC/ Midline for lab draw and/or line flush. Prior to De-accessing line, flush with 10mL of NS

DO NOT ADMINISTER HEPARIN TO THIS PATIENT

(Unless the box is checked all PICC lines, Ports, Midlines, and Central Lines may be flushed with Heparin and Saline)

Other: _____

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

Misc Orders

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

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
Other: _____

Prescriber Information

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

Physician's Signature _____ Date _____ Time _____

