



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, Patient Height, 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, Access and De-access PICC/ Midline for lab draw and/or line flush, DO NOT ADMINISTER HEPARIN TO THIS PATIENT, 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

Prescriber Information

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

Physician's Signature Date Time

