

## Outpatient Infusion Center Misc Medication Order

Please fax form to: 580-585-5472

Patient Information	use lux lorr	11 (0. 560-565-547				
Patient Name:	DOB:		Phone:	Gender M	F	
Patient Address:	Email:		Insurance:			
Additional Information Needed	Email.		modranos.			
Fax front/back of insurance card	Fax clinical/progress notes		Fax labs	Fax labs		
Fax patient demographics	Fax current medication list		Fax TB and Hap B results			
Diagnosis and Clinical Information						
Diagnosis (ICD-10):						
DX:						
DX:						
DX:						
Clinical Information:						
New Therapy Induction		Therapy Change	T	herapy Continuation		
Patient Weight: lbs/ k	g	Patient Height:	in/ cn	n		
Allergies:			_			
Therapies Tried and Failed:						
TB Test: Date: Results:		Hep B Test: Date:	Results:			
Does the patient have venous access? Yes o	or No		If yes, What type	e?	<del></del>	
If no, Initiate IV access  Lab Orders			Lab Orders to b	oo dono by		
CBC w/out diff CMP ESR CRP				Lab Orders to be done by Infusion Services		
Other:		Referring Provider				
Prescription Information			0			
Medication:	Dogge		Frequency:	Data:		
Medication:	- I		Frequency:			
Medication:	- I		Frequency:			
Misc Orders						
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Misc Orders			PICC/ Midli	ne/ CAD dressing to be cha		
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Misc Orders			PICC/ Midli Flushes 10mL NS F	ne/ CAD dressing to be cha	inged every 7 days.	
Misc Orders			PICC/ Midli Flushes 10mL NS F Heparin 500	ne/ CAD dressing to be cha lush Syringe PRN Dunits/5mL Flush Syringe P	inged every 7 days.	
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Standing Orders for Adverse Reactions Stop infusion and initiate NS bolus Notify Supervising physician and ordering provider			PICC/ Midlii Flushes  10mL NS F Heparin 500 50ml NS Ba 250ml NS E  Epi 1:1000 Oxygen 2-5 Albuterol 2.	ne/ CAD dressing to be char lush Syringe PRN Dunits/5mL Flush Syringe P ag PRN Bag PRN 1mL IM, IV, or SQ for anapi	nnged every 7 days.  RN hylaxis tightness	
Standing Orders for Adverse Reactions  Stop infusion and initiate NS bolus  Notify Supervising physician and ordering provider  Solu-Cortef 100mg SUP signs of adverse reaction  Benadryl 25mg SUP for hives or bronchial inflammation			PICC/ Midlii Flushes  10mL NS F Heparin 500 50ml NS Ba 250ml NS E  Epi 1:1000 Oxygen 2-5 Albuterol 2.	ne/ CAD dressing to be char lush Syringe PRN Dunits/5mL Flush Syringe P ag PRN Bag PRN 1mL IM, IV, or SQ for anapl L nasal cannula 5mg inhaled PRN for chest	nnged every 7 days.  RN hylaxis tightness	
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