

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M / F Ht: _____ Wt: _____ lbs / kg
 Primary Language: _____ Allergies: _____
 Patient Preferred Location: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code
 ICD 10 Code: _____ Description: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.
LAB RESULTS: Ordering providers will need to provide all baseline labs to initiate therapy.

PRESCRIPTION

Initiation/Continuation of Infusion Therapy Orders

Standard Protocol:

Flush IV access device with heparin/saline per Medix Infusion protocol
 Weekly & PRN dressing changes for IV access
 Per Medix Infusion protocol, an ANA kit which includes 50 mg of Diphenhydramine oral solution will be dispensed to home infusion patients.

Select All That Apply:

- Place PICC line for medication administration
- Patient has pacemaker (may verify PICC line placement with CXR)
- Patient will need a first dose and teaching

DRUG	DOSE	ROUTE	FREQUENCY	DURATION

Lab Orders+ +Medix Infusion will draw maintenance labs unless otherwise directed by Referring Provider.

- CBC and CMP weekly
- ESR and CRP weekly
- Other: _____ Frequency: _____
- Other: _____ Frequency: _____

Daptomycin: CPK weekly
 Vancomycin trough: 30 minutes prior to 4th dose and then weekly thereafter
 << Medix Infusion pharmacists will manage dosage according to PI and lab results.>>

In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reaction protocol.

Comments: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ *Signature:* _____
 Date: _____ NPI #: _____ Specialty: _____
 Supervising Physician: _____ (If Applicable)
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____ Fax: _____ Email: _____