

PATIENT INFORMATION

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

DIAGNOSIS & CLINICAL INFORMATION

<ICD 10 CODE REQUIRED>

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

Lab Orders

CBC, CMP, ESR, 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>>

DRUG	DOSE	ROUTE	FREQUENCY	DURATION

Post Treatment Observations: The patient is observed for 30 minutes following the first administration.

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

Comments:

PRESCRIBER INFORMATION

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