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Infusion Referral Form

Patient Name: _____ SSN#: _____ Phone#: _____

Address: _____ APT#: _____ City: _____ State: _____ Zip Code: _____

DOB: _____ HT: _____ WT: _____ Emergency Contact: _____ Phone #: _____

Allergies: _____ Diagnosis: _____

Primary Insurance Carrier:_____ Primary Insurance Phone#: _____

Card Holder ID: _____ Group#: _____ (Please Attach Copy of Card)

Line Type: [] Peripheral [] Port [] SL PICC [] DL PICC [] CVL *(Please attach placement paperwork)*

Prescriber: _____ Office: _____ Contact: _____

Office Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ NPI#: _____ DEA#: _____

Prescriber Signature: _____ Date: _____ Start of Care Date: _____

(Please note for Insurance compliance the prescribing physician must sign Rx, no stamps or nurse signatures)

MEDICATION/s	DOSAGE	ROUTE	FREQUENCY

☐ Saline flush per Pharmacy protocol ☐ Heparin flush (10 U/ml, if pedia; 100 U/ml, if adult): 5 ml at end of SASH ☐ Other: Cathflo PRN

***Pre-Medications*: (medications in this section are a single dose prior to IV administration or other meds, unless otherwise indicated)**

- ☐ Acetaminophen 650 mg P.O
- ☐ Acetaminophen 1000 mg P.O
- ☐ Diphenhydramine 25 mg ☐ PO ☐ IV
- ☐ Diphenhydramine 50 mg ☐ PO ☐ IV
- ☐ Hydrocortisone (Solu-cortef) _____ mg IV
- ☐ Methylprednisolone (Solu-Medrol) _____ mg IV
- ☐ Cetirizine HCI (Quzyttir) _____mg IV

Other: _____

***PRN Medications*:**

- ☐ Diphenhydramine HCl _____ mg IV x 1 PRN for infusion hypersensitivity reactions.
- ☐ Solu-Medrol _____ mg IV x 1 PRN for hypersensitivity reactions.
- ☐ Zofran _____ mg IV x 1 prn nausea
- ☐ Topical Anesthetic cream apply to skin prior to PIV catheter insertion as needed for pain

***Anaphylaxis and ADR Prevention Kit Orders*:**

- ☐ Per Pharmacy protocol (Epinephrine, Diphenhydramine oral/injectable, acetaminophen, NS bag)
- ☐ Oxygen inhalation at _____ liters/min via NC/Face mask

Additional Orders: For CVD, PICC

- ☐ Catheter Care only: Flush access device _____ (frequency) with NS + Heparin to maintain patency.

*****Please attach [] History/Physical, [] Most Recent Labs, and [] Current Medication List*****