Corewell Health™

Patient Name
DOB
MRN
Physician
CSN

Physician's Orders
CENTRAL LINE DRESSING CHANGE/LABS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Defaults for orders not otherwise specified below:
- ☐ Interval: Once
- ☐ Interval: Every _____ days

Duration:
- ☐ Once
- ☐ Until date: _____
- ☐ 1 year
- ☐ _____ # of Treatments

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Site of Service

☐ CH Gerber ☐ CH Lemmen Holton (GR) ☐ CH Pennock ☐ CH Greenville
☐ CH Helen DeVos (GR) ☐ CH Ludington ☐ CH Reed City ☐ CH Zeeland
☐ CH Blodgett (GR)

Provider Specialty

☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Appointment Requests

☑ Infusion Appointment Request

Provider Reminder

☑ ONC PROVIDER REMINDER 20
If varying intervals are needed for vascular access, the vascular access plan will need to be applied for each desired interval. Select Add Protocol from the Actions dropdown in the upper right corner to assign an additional plan.

Labs

☐ Complete Blood Count w/Differential
Clinic Collect, Blood, Venous

☐ Basic Metabolic Panel (BMP)
Clinic Collect, Blood, Venous

☐ Comprehensive Metabolic Panel (CMP)
Clinic Collect, Blood, Venous

☐ Magnesium, Blood Level
Clinic Collect, Blood, Venous

☐ Phosphorus, Blood Level
Clinic Collect, Blood, Venous

☐ Prothrombin Time (PT with INR)
Lab Collect, Blood, Venous

☐ Activated Partial Thromboplastin Time (APTT)
Lab Collect, Blood, Venous

☐ Iron and Iron Binding Capacity Level
Clinic Collect, Blood, Venous

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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Physician's Orders
CENTRAL LINE DRESSING CHANGE/LABS - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

Nursing Orders

☑ ONC NURSING COMMUNICATION 200
May Initiate IV Catheter Patency Adult Protocol.

Procedure

☑ **Dressing change per protocol**

☑ Change dressing
Routine, PRN Starting when released Until Specified

Refer to Intravenous Catheter Patency Protocol https://spectrumhealth.policytech.com/docview/?docid=42863&anonymous=true

☐ **Discontinue PICC**
Nurse may remove PICC line at the end of treatment on or after date of _____

(NOTE TO PROVIDER: Please fill in a date above and/or any pertinent information for PICC Line Discontinuation.)

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Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		**VALIDATED:**		**ORDERED:**			
TIME	**DATE**	**TIME**	**DATE**	**TIME**	**DATE**	Pager #	
	Sign		**R.N. Sign**		**Physician Print**		**Physician Sign**

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