Spectrum Health

Patient Name

DOB

MRN

Physician

FIN

Defaults for orders not otherwise specified below:
- ☐ Interval: Every 84 days (12 weeks)
- ☐ Interval: Every ___ days

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

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

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

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

Appointment Requests

☑ Infusion Appointment Request
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after Injection

CATHETER CARE: Implantable Venous Port

☑ **CATHETER CARE IMPLANTABLE VENOUS PORT FLUSH**

☑ sodium chloride *STERILE* flush 0.9 % syringe 10 mL
10 mL, Intravenous, PRN, Line Care, for Port Access Procedure, Starting when released, Until Discontinued

See Procedure: Implanted Venous Port - Accessing the Port. Attach the *STERILE* syringe to the needless access device, prime the Huber needle tubing, and flush the port when accessing the port.

☑ sodium chloride flush 0.9 % syringe 10 mL
10 mL, Intravenous, PRN, Line Care, Flush with 10 mL before AND after medications/IV fluids and after blood draws. Follow with heparin flush if port is assessed but not in use., Starting when released, Until Discontinued

☑ heparin flush 100 UNIT/ML injection 500 Units
5 mL, Intravenous, PRN, Line Care, Heparin Flush every 24 hours if port assessed but not in use, before de-accessing port and minimally every month if not accessed., Starting when released, Until Discontinued

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

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