



Infusions – Ordering / Modifying / Discontinuing Paper Therapy Plans

Intended Audience: Non – Oncology Providers

What's in it for me? Paper forms can be used to order infusions to be administered at a Spectrum Health Outpatient Infusion Clinic.

Accessing and Printing Paper Infusion Orders/Onboarding Slip

1. Access available infusion order forms and Onboarding Slip at <https://www.spectrumhealth.org/for-health-professionals/infusion-orders>
2. Print the onboarding slip and order form
3. Carefully review Onboarding Slip instructions and complete ALL items on the form

Addressing Paper Infusion Order Form

1. Interval: How often do you want the patient to present for treatment? Unless otherwise specified, orders will assume the interval indicated at the top of the order form
2. Duration: Specify # of treatments or length of time (up to 1 year) you want these orders available for the patient
3. Fill in anticipated start date, ICD 10 Code with Description, and the patient's height, weight, and allergies.
4. Select your specialty

Defaults for orders not otherwise specified below:

1 Interval: Once
 Interval: Every _____ days

Duration:

2 Until date: _____
 1 year
 _____ # of Treatments

3 Anticipated Infusion Date _____ ICD 10 Code with Description _____
Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

<input type="checkbox"/> Allergy/Immunology	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Internal Med/Family Practice	<input type="checkbox"/> Other	<input type="checkbox"/> Surgery
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Urology
<input type="checkbox"/> Genetics	<input type="checkbox"/> Neurology	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Wound Care

Site of Service

<input type="checkbox"/> SH Gerber	<input type="checkbox"/> SH Lemmen Holton (GR)	<input type="checkbox"/> SH Pennock	<input type="checkbox"/> SH United Memorial
<input type="checkbox"/> SH Helen DeVos (GR)	<input type="checkbox"/> SH Ludington	<input type="checkbox"/> SH Reed City	<input type="checkbox"/> SH Zeeland

Note: Not all orders on the form are prechecked. Be sure to review and select the orders you need for your patient and indicate the desired interval, if different from what is at the top of the form.

Appointment Requests

Infusion Appointment Request
Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs

Nursing Orders

ONC NURSING COMMUNICATION 100
May Initiate IV Catheter Patency Adult Protocol

Vitals

Vital Signs
Routine, PRN, Starting S, Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms

Labs

	Interval
<input type="checkbox"/> Complete Blood Count w/Differential Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days
<input type="checkbox"/> Basic Metabolic Panel (BMP) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days
<input type="checkbox"/> Comprehensive Metabolic Panel (CMP) Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days
<input type="checkbox"/> C Reactive Protein (CRP), Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days
<input type="checkbox"/> Creatine Kinase (CK) Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Once <input type="checkbox"/> Every ___ days

Sign and Fax

1. Ordering provider fills out date, time, pager #, prints name, and signs the form
2. Form is faxed to the infusion clinic where the patient will go for treatment and RN will review, validate, and route to pharmacy for transcription
3. Pharmacist will review and transcribe the orders into Epic

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:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
3		2		1		
Sign		R.N. Sign		Physician Print		Physician

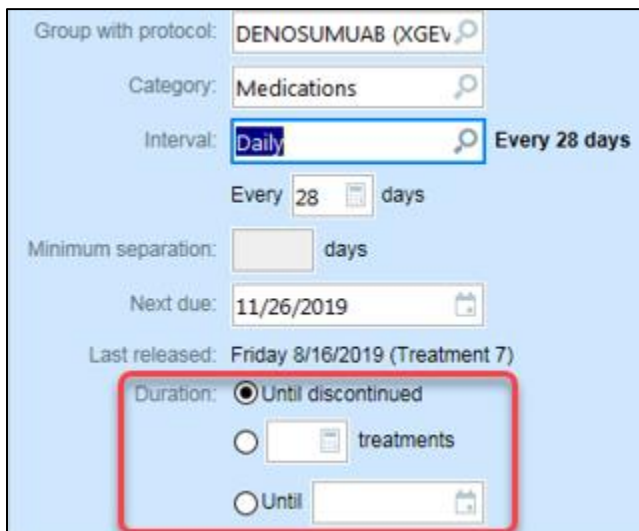
Modifying Transcribed Paper Orders

1. Download and print a new order form for the plan you want to modify. This is necessary to keep all orders in the plan on the same interval with the same expiration date.
2. Fax order form and onboarding slip to the infusion clinic, where it will be reviewed and transcribed as above.

Discontinuing Transcribed Paper Orders

Paper therapy plans are ordered using three different intervals:

- **NUMBER OF SPECIFIC TREATMENTS**
 - Plans with this duration will be discontinued by the RN or Pharmacist after completion of the final treatment.
- **UNTIL A SPECIFIC DATE**
 - Plans ordered with the duration of until a specific date will be discontinued by the RN or Pharmacist 14 days after the until date. Providers will receive a message via In Basket or fax 3 days prior to the specified end date.
- **ONE YEAR**
 - Plans ordered with a duration of one year are valid for 12 months from the time the order is written. Providers will receive a message via In Basket or fax 14 days prior to expiration. If no new orders are signed in Epic or received by the clinic on paper, the therapy plan will be discontinued by the pharmacist or RN.



Group with protocol: DENOSUMUAB (XGEV)

Category: Medications

Interval: Daily Every 28 days

Every 28 days

Minimum separation: days

Next due: 11/26/2019

Last released: Friday 8/16/2019 (Treatment 7)

Duration: Until discontinued
 treatments
 Until