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](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

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Defaults for orders not otherwise specified below:

1. Interval: Once
2. Interval: Every _____ days
3. Duration: ______ # of Treatments
4. 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
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: 9–194. Scheduled appointment at most 3 days before or at most 3 days after, infusion and possible lab

**Nursing Orders**
- ONG NURSING COMMUNICATION 100
  - May Initiate IV Catheter Patency Adult Protocol

**Vitals**
- Vital Signs
  - Routine, PRN, Starting 8: Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms

<table>
<thead>
<tr>
<th>Labs</th>
<th>Interval</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Blood Count w/Differential</td>
<td>□ Once</td>
<td></td>
</tr>
<tr>
<td>Basic Metabolic Panel (BMP)</td>
<td>□ Once</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Metabolic Panel (CMP)</td>
<td>□ Once</td>
<td></td>
</tr>
<tr>
<td>C-Reactive Protein (CRP) Blood Level</td>
<td>□ Once</td>
<td></td>
</tr>
<tr>
<td>Creatine Kinase (CK) Level</td>
<td>□ Once</td>
<td></td>
</tr>
</tbody>
</table>

**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

**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 on 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.

![Therapy Plan Example](image)

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