



Patient Name  
DOB  
MRN  
Physician  
FIN

Defaults for orders not otherwise specified below:

- Interval: Every 28 days
- 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, Urinary Catheter Care appointment

**Procedure**

- \*\*SIGN ORDER\*\* for Prior Auth (\*\*DO NOT RELEASE\*\*)**  
Therapy Plan Order  
Other, Once, Starting S, For 1 Doses  
This order must be selected and signed to generate and send a referral to the designated Therapy Plan Treatment Department.

**Nursing Orders**

- Indwelling Urinary Catheter**  
Routine, CONTINUOUS, Starting S, Until specified
- Reason for insertion?**
- Hourly assessment of urinary output in critical care
  - Select pre/postoperative procedures
  - Acute renal/acute kidney injury
  - Bladder outlet obstruction/urologic issue
  - Improved comfort for end of life care
  - Incontinence with open state 3 or stage 4 sacral/perineal wound
  - Unstable Spine or multiple traumatic injuries such as pelvic fracture
  - Chronic Foley
  - Bladder/Abdominal Pressure Monitoring

**Removal:**

- POD 1 by 0800
- POD 2 by 0800
- Other: \_\_\_\_\_

Insert Urinary Catheter

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

EPIC VERSION DATE:

**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.