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______________________________

**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 Reed City
- ☐ SH United Memorial
- ☐ SH Helen DeVos (GR)
- ☐ SH Ludington
- ☐ 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 and possible labs

**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.

**Medications**
- ☐ MED MS LOCAL ANALGESIA: LIDOCAINE-PRILOCAINE (EMLA), LIDOCAINE 4% (LMX), LIDOCAINE 1% INJECTION PRN (WHEN RELEASED)
  - ☑ lidocaine-prilocaine (EMLA) cream 1 Application
    1 Application, Topical, PRN, Topical Anesthesia, Choose if local analgesia is needed in 45 minutes or more, Starting when released, Until Discontinued
  - ☑ lidocaine (LMX) 4 % cream
    Topical, PRN, Other, Choose if local analgesia is needed in 30-45 minutes, Starting when released, Until Discontinued
  - ☑ lidocaine (PF) 1 % injection 1 mL
    1 mL, Intradermal, PRN, Use 0.25 mL to 1 mL for IV start, Starting when released, Until Discontinued

**Labs**
- ☐ Complete Blood Count w/Differential
- ☐ Basic Metabolic Panel (BMP)
- ☐ Comprehensive Metabolic Panel (CMP)
- ☐ Magnesium, Blood Level

CONTINUED ON PAGE 2 ➔

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

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Status</th>
<th>Expected Expiration Date</th>
<th>Urgency Level</th>
<th>Collect Type</th>
<th>Site Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phosphorus, Blood Level</td>
<td>Future</td>
<td>±365</td>
<td>URGENT</td>
<td>Clinic</td>
<td>Blood, Venous</td>
</tr>
<tr>
<td>Prothrombin Time (PT with INR)</td>
<td>Future</td>
<td>±365</td>
<td>URGENT</td>
<td>Lab</td>
<td>Blood, Venous</td>
</tr>
<tr>
<td>Activated Partial Thromboplastin Time (APTT)</td>
<td>Future</td>
<td>±365</td>
<td>URGENT</td>
<td>Lab</td>
<td>Blood, Venous</td>
</tr>
<tr>
<td>Iron and Iron Binding Capacity Level</td>
<td>Future</td>
<td>±184</td>
<td>URGENT</td>
<td>Clinic</td>
<td>Blood, Venous</td>
</tr>
</tbody>
</table>

CATHETER CARE: Peripheral Inserted Central Catheter

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium Chloride flush 0.9 % syringe 10 mL</td>
<td>Intravenous</td>
<td>For Port Access Procedure, Starting when released, Until Discontinued</td>
</tr>
<tr>
<td>Heparin flush 100 UNIT/ML injection 500 Units</td>
<td>Intravenous</td>
<td>Heparin flush every 24 hours if port assessed but not in use, before accessing port and minimally every month if not accessed, Starting when released, Until Discontinued</td>
</tr>
<tr>
<td>Sodium Chloride flush 0.9 % syringe 10 mL</td>
<td>Intravenous</td>
<td>For Port Access Procedure, Starting when released, Until Discontinued</td>
</tr>
</tbody>
</table>

CATHETER CARE: Implantable Venous Port

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium Chloride &quot;STERILE&quot; flush 0.9 % syringe 10 mL</td>
<td>Intravenous</td>
<td>For Port Access Procedure, Starting when released, Until Discontinued</td>
</tr>
<tr>
<td>Sodium Chloride flush 0.9 % syringe 10 mL</td>
<td>Intravenous</td>
<td>For Port Access Procedure, Starting when released, Until Discontinued</td>
</tr>
<tr>
<td>Heparin flush 100 UNIT/ML injection 500 Units</td>
<td>Intravenous</td>
<td>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</td>
</tr>
<tr>
<td>Sodium Chloride 0.9% (NS) infusion</td>
<td>Intravenous</td>
<td>To be used as a flush solution as needed to minimize the number of times the IV line is accessed, Starting when released, Until Discontinued</td>
</tr>
</tbody>
</table>

Procedure

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dressing change per protocol</td>
<td></td>
<td>Refer to Intravenous Catheter Patency Protocol <a href="https://spectrumhealth.policysupport.com/dotNet/documents/?docid=42863">https://spectrumhealth.policysupport.com/dotNet/documents/?docid=42863</a></td>
</tr>
</tbody>
</table>

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.