



Patient Name  
DOB  
MRN  
Physician  
CSN

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**

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <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         |

**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**  
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous
- Basic Metabolic Panel (BMP)**  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous
- Comprehensive Metabolic Panel (CMP)**  
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous
- Magnesium, Blood Level**  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

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.

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



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**Labs (continued)**

- Phosphorus, Blood Level  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous
- Prothrombin Time (PT with INR)  
Status: Future, Expected: S, Expires: S+365, URGENT, Lab Collect, Blood, Blood, Venous
- Activated Partial Thromboplastin Time (APTT)  
Status: Future, Expected: S, Expires: S+365, URGENT, Lab Collect, Blood, Blood, Venous
- Iron and Iron Binding Capacity Level  
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous
- 

**CATHETER CARE: Peripheral Inserted Central Catheter**

- CATHETER CARE PERIPHERAL INSERTED CENTRAL CATHETER**
  - sodium chloride flush 0.9 % syringe 10 mL  
10 mL, Intravenous, PRN, Line Care, Flush each lumen 10 mL before AND after medications/IV fluids and after blood draws, Starting when released, Until Discontinued
  - heparin flush 100 UNIT/ML injection 500 Units  
5 mL, Intravenous, PRN, Line Care, Flush each lumen with 5 mL heparin 100 units/mL concentration, Starting when released, Until Discontinued
  - sodium chloride 0.9% (NS) infusion  
20 mL/hr, Intravenous, PRN, 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



**CATHETER CARE: Implantable Venous Port**

- CATHETER CARE IMPLANTABLE VENOUS PORT**
  - 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
  - sodium chloride 0.9% (NS) infusion  
20 mL/hr, Intravenous, PRN, Other, To be used as a flush solution as needed to minimize the number of time the IV line is accessed., Starting when released, Until Discontinued

**Procedure**

- Dressing change per protocol**
  - Change dressing  
Routine, PRN Starting when released Until Specified  
Refer to Intravenous Catheter Patency Protocol <https://spectrumhealth.policytech.com/dotNet/documents/?docid=42863>

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	
	Sign		R.N. Sign		Physician Print	Physician

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