

Infusion

General Order



PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____ DOB: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

PROVIDER INFORMATION

Referring Provider: _____ Phone: _____ Fax: _____

PRIMARY DIAGNOSIS

Provide ICD-10 code and description: _____
Weight: _____ Height: _____ Allergies: _____
Is the patient ambulatory? Yes No Does the patient require bariatric equipment? Yes No

ORDERS

- _____
- _____
- _____
- _____

PATIENTS WITH CENTRAL LINE ACCESS

- SELECT ONE:** Patient has a PICC Implanted port other CVAD
- Central line care per Salem Health CVAD Access Policy. (*Lippincott*) Follow routine CVAD catheter care per manufacturer device maintenance card if card is available.
 - Alteplase per Salem Health Central Venous Access Device declotting (*Lippincott*) for S/sx of occlusion: Inability to infuse fluids, no blood return, increased resistance when flushing, increased occlusion/high-pressure alarm when using an infusion pump, sluggish gravity flow.
 - 1 View Chest X-ray to verify catheter tip location PRN for: Catheter migration greater than 5 cm, signs and symptoms of tip malposition (*occlusion unresolved by Alteplase, discomfort in the arm, neck or chest, unusual sensations or sounds when flushing, neck vein engorgement, or heart palpitations.*) Notify Physician or Provider

ADDITIONAL ORDERS

Follow SH Infusion reaction algorithm for symptoms of infusion reaction. Notify provider of all infusion reactions.

Provider Signature _____

Provider Printed Name _____

Date: _____