



INFUSION ORDER FORM
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Patient Demographics

Patient Name: _____
DOB: _____ Weight: _____

Orders

Drug/Dose/Frequency/Route (example: IV Vancomycin 1.5 gm, Q12):

Duration OR End of Therapy Date: _____

Flush Orders:
 SASH Protocol - Sodium Chloride 0.9% 10ml flush with 5-10ml saline pre and post infusion
Heparin 10unit/ml flush with 3-5ml following saline post infusion
 Other - _____

Labs (weekly unless otherwise specified):

 Weekly PICC dressing changes per protocol and PRN
 Cath Flow 2 mg IV PRN for occluded PICC line
 PICC line to be discontinued at the end of infusion therapy
Has patient previously received this medication? YES NO
If no, patient will receive anaphylactic kit for first lifetime dose
Does patient have IV access? YES (circle one) PICC Midline Peripheral Port
 NO: Place Midline in the home
 Schedule PICC placement

Physician Information

Physician Signature: _____ Date: _____
Physician Name: _____ NPI: _____