Call (810) 342-2262 to schedule Fax order to (810) 342-3666 401 S Ballenger Hwy, Flint; 3 North

Outpatient Infusion Therapy



Patient Name		DOB	Phone #
Ht Wt Allerg			
Diagnosis (for this treatment)		Appointment Date/Time	
Blood Transfusion			D Detient has made at
☐ Draw blood type and crossmatch			☐ Patient has medport
Transfuse packed red blood cells: ☐ 1 unit; or ☐ 2 units Transfuse platelets: ☐ 1 unit; or ☐ 2 units ☐ 0.9% NaCl 250 ml, volume as needed to administer blood			
Premeds (all one time doses)			
 □ Acetaminophen 1,000 mg PO □ Diphenhydramine 25 mg IVP □ Furosemide 20 mg IVP (do not give if SBP < 100) □ Methylprednisolone 125 mg IVP (do not give if diabetic) □ Other (include drug dose and route for complete order): 			
PICC/Midline Orders □ PICC or □ Midline: □ Insert □ Exchange □ Discontinue □ Discontinue PICC/Midline after last dose □ PICC/Midline dressing change weekly, Nurse assessment CPT 99211 □ Baseline Labs □			
Medport ☐ Needle/Dressing change and/or maintenance ☐ Lidocaine 1% 2 ml intradermal PRN for comfort ☐ Heparin 500 units IVP per lumen PRN for maintenance			
Medication Orders (one-time orders unless otherwise specified) ☐ Alteplase (Cathflo) 2 mg IVP if needed for no blood return on PICC/Midline/Medport; may repeat x 1			
□ Other (include drug dose and route for complete order)			
Miscellaneous Orders ☐ Therapeutic Phlebotomy Remove _ ☐ Saline lock insertion, gauge needed_ ☐ Lumbar puncture - CPT 62328	, ,		
☐ Labs (with frequency)			
☐ Other			
Date (required)			
Physician Signature (required)	Physician Name Printed		



Patient Name