IV Anti-infectives referral form

Optum

Optum Infusion Pharmacy Phone: Fax:

✂ Please detach before submitting to a pharmacy – tear here.

Acute care specialist Name: Phone:

Patient information

☐ see attached ☐ PEDIATRIC (younger than 13 years or less than 45kg in weight).

Patient name: Gender: ○ M ○ F DOB: Last 4 of SSN:

Address: City: State: ZIP:

Phone: Cell:

Emergency contact: Phone: Relationship:

Insurance ☐ Front and back of insurance card is attached

Primary Insurance: Phone: Policy #: Group:

Secondary Insurance: Phone: Policy #: Group:

Medical Assessment

Primary diagnosis Primary diagnosis ICD-10 code (required):

Other diagnoses:

Height in inches: Weight **in kg only**: Date weight (in kg) obtained:

Current medications? ○ Yes ○ No If yes, list or attach:

Allergies:

IV access: ☐ PIV ☐ PICC ☐ Port ☐ Midline ☐ Tunneled CVL Number of lumens Date of IV placement

First Dose Is this a first lifetime dose of prescribed medication? ○ Yes ○ No

If yes, a kit for anaphylaxis management by the infusion nurse will be dispensed for the first infusion of medication.

Prescription and orders

Medication to be infused per the drug PI recommended rate and via rate controlled device per therapy

Medication Orders

Drug: Dose: Frequency: Start date: Stop date: Duration of therapy:

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Lab Draw Orders (specify below) RN to draw at scheduled visit for infusion of medication or catheter care.

☐ CBC with diff ☐ BMP ☐ CMP ☐ CRP ☐ ESR ☐ CPK ☐ Vancomycin Other lab orders:

Frequency/timing of draw(s):

Lab work to be obtained via IV access using aseptic technique. If RN is not able to draw labs from a central catheter, the labs may be drawn peripherally. RN to flush IV access after each blood draw with Sodium Chloride 0.9% 20 mL. As final lock for patency, use Heparin 10 units/mL 5mL, or if Port use Heparin 100 units/ml, 5ml.

Ancillary Orders select all that apply

- ☐ Pharmacy to dispense quantity sufficient of all needles, syringes, and IV access supplies medically necessary to provide the prescribed treatment through completion of the therapy.
- ☐ Pharmacy to dispense sufficient quantity as medically necessary of Sodium Chloride 0.9% Flush and Heparin 10unit/mL (100unit/mL if Port) Lock.
- ☐ Skilled RN to provide inpatient bedside education for home infusion anti-infective therapy.
- ☐ Skilled RN to insert peripheral IV or access central catheter and RN to flush IV post infusion with 5ml 0.9% Sodium Chloride. RN to lock line with heparin 10 units/ml, 3 ml, or if port, lock with heparin 100 units/ml, 5ml.
- ☐ Skilled RN to perform initial home visit for admission assessment, education (teach & train), and/or administration of outpatient infusion. RN to provide patient/caregiver education related to medication management, catheter care, disease state, emergency preparedness, adverse medication effects, home safety, infection control measures, nutrition/hydration, and contact information for physician/pharmacy.
- ☐ Optum pharmacist to monitor lab values and to make recommendations on therapeutic dose adjustments as needed. Pharmacist may order additional lab work as necessary for therapy monitoring, if permitted by state regulations.
- ☐ Other:

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Patient name: DOB:

☑ **Anaphylaxis/infusion reaction management orders:** Dispense 1 kit with first dose, 0 refills.

- Medications to be dispensed as an "anaphylaxis kit" for nurse administration as displayed in the table below.
- Pharmacy to dispense quantities of medication per the below table and all necessary supplies for management of an infusion reaction/anaphylaxis to a first dose of a medication or when clinically appropriate.

If signs/symptoms of a reaction are present, STOP infusion and REMOVE infusion of causative medication from the patient's access site. Call prescriber for further instructions.

Drug	Patient weight	Dose	Dispense detail	Directions*
DiphenhydrAMINE	Adult & Pediatric >30kg	50mg	Dispense 25mg capsules or tablets #4	Administer PO for mild symptoms or slow IV push not to exceed 25mg/minute for moderate to severe symptoms. May repeat once if symptoms persist. Do not exceed 300mg PO or 400mg IV in 24 hrs (adults) Do not exceed 300mg PO/IV in 24 hrs (pediatrics)
			Dispense 50mg vial for injection #1	
	Pediatric 15-30kg	25mg	Dispense 25mg/10ml oral solution 120ml	
			Dispense 50mg vial for injection #1	
	Pediatric <15kg	12.5mg	Dispense 12.5mg/5ml oral solution 120ml	
			Dispense 50mg vial for injection #1	
EPINEPHrine	Adult & Pediatric >30kg	0.3mg/0.3ml	Dispense 1mg/1ml vial for injection #2	For severe symptoms, activate 911. Inject EPINEPHrine IM into lateral thigh x 1. May repeat EPINEPHrine in 5-15 minutes if symptoms persist. Initiate 0.9% Sodium Chloride IV per below. Administer CPR, if needed, until EMS arrives. Contact prescriber to communicate patient status.
	Pediatric 15-30kg	0.15mg/0.15ml	Dispense 1mg/1ml vial for injection #2	
	Pediatric <15kg	0.01mg/kg	Dispense 1mg/1ml vial for injection #2	
Sodium Chloride 0.9% Injection, USP	Adult & Pediatric	500ml	Dispense 500ml bag #1	For severe symptoms administer as IV gravity bolus (1000mL/hour).
Other, specify				

*Mild symptoms include flushing, dizziness, headache, apprehension, sweating, palpitations, nausea, pruritus, and/or throat itching.
Moderate symptoms include chest tightness, shortness of breath, >20 mmHg change in systolic blood pressure from baseline, and/or increase in temperature (>2°F).
Severe symptoms include >40 mmHg change in systolic blood pressure from baseline, increase in temperature with rigors, shortness of breath with wheezing, and/or stridor.

Physician information

Name: Practice:

Address: City: State: ZIP:

Phone: Fax: NPI: Contact:

By signing, I certify/recertify that the above therapy, products and services are medically necessary and that this patient is under my care. I have received authorization to release the above referenced information and medical and/or patient information relating to this therapy. Pharmacy has my permission to contact the insurance company on my behalf to obtain authorization for patient.

Substitution permissible signature Dispense as written signature Date

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