


HOME INFUSION PHARMACY PRESCRIBER STANDING ORDER FORM

Pharmacy Name:	Address:	Ph:
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 option care health	Prescriber/Practice Group/Health System Name:		
	Address:		
	Phone:	City, State:	Zip:

Prescription

By signing below, I authorize the use of the flush medications and associated directions on my/our patients as applicable to the type of access device being utilized. This order will be valid for 1 year from the date it is signed.

Utilization of Standing Order

When utilized, please indicate patient's name and date implemented. A scanned copy of this document will be placed in the patient's electronic medical record.

Patient Name:

Date Implemented:

Ancillary Orders

IV Flush Orders

- Peripheral: NS 2 to 3 mL pre-/post-use. Heparin (10 unit/mL) 1 to 3 mL post-use.
 For maintenance, NS 2 to 3 mL every 12 hr or heparin (10 unit/mL) 1 to 3 mL every 24 hr.
 Other: _____
- Peripheral-Midline: NS 3 to 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw.
 Heparin (10 unit/mL) 3 mL post-use.
 For maintenance, heparin (10 unit/mL) 3 mL every 12 hr or (100 unit/mL) 3 mL every 24hr
 Other: _____
- PICC and Central Tunneled/Non-Tunneled: NS 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw.
 Heparin (10 unit/mL) 5 mL or (100 unit/mL) post-use.
 For maintenance, heparin (10 unit/mL) 5 mL or (100 unit/mL) 3 mL every 24 hr.
 Other: _____
- Implanted Port: NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw.
 Heparin (100 unit/mL) 3 to 5 mL post-use.
 For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed.
- Valved Catheters: NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw.
 For maintenance, NS 5 to 10 mL at least weekly.

Catheter Occlusion

- Cathflo Activase Instill into occluded catheter. Let dwell for 30 minutes before attempting to aspirate. Total dwell time not to exceed 120 minutes.
- 1 mg (midlines or patients <30 kg) May repeat x 1 dose.
- 2 mg

Anaphylaxis Orders

If this is a 1st infusion dose, would you like Option Care Health to provide an anaphylaxis kit with the 1st dose?

Yes No

- Dosage: ■ Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SQ or IM x 1; repeat x 1 in 5 to 15 min PRN.
 ■ Diphenhydramine 25 mg (> 30 kg) or 1.25 mg/kg (≤ 30 kg – 25mg max dose) IV or IM; repeat x 1 in 15 min PRN no improvement.
 ■ Normal saline 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis. Patients ≤ 30 kg, infuse over 2 to 4 hours PRN headache rated > 5 on pain scale.
- SQ Doses: Epinephrine Auto-Injector 0.3 mg 2-Pack Kit – Inject 0.3 mg IM x 1 dose PRN anaphylactic reaction, repeat x 1 PRN.

Attached signed Anaphylaxis Prescriber Order Form (FR-PC-036) outlines the medications and protocols utilized in the event of anaphylaxis. **The need to utilize the kit and protocol will be based on patient need.**

Nursing Orders: Skilled nurse to assess and administer and/or teach self-administration where appropriate via access device as indicated above. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1 year.

Prescriber Signature:	Date:
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Authorizing Prescriber Name:	Phone:	Fax:
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Address:	NPI:
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City, State:	Zip:	Office Contact:
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