



a division of HME Specialists LLC
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 505-342-4545 tel.
 505-883-6500 fax.

Infusion Orders

Patient Name: _____
 Date of Birth: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Alternate Phone: _____
 Caregiver: _____
 Phone (if different): _____
 Allergies: _____

Drug: _____
 Dose: _____
 Frequency: _____
 End of Therapy Date: _____
 Diagnosis: _____
 Diagnosis Code: _____
 Following MD: _____
 Phone: () _____
 Pt. Height: _____
 Pt. Weight: _____

Flushing Orders:

- Normal Saline 0.9% up to 10mL IV per SAS(H) protocol. 10mL IV after lab draw and as needed.
- Heparin (10 U/mL if pediatric, 100U/mL if adult), 5mL IV per SASH protocol.
- Other: _____

Labs: Every Monday (Only draw labs specific to IV therapy)

- All Antibiotic Therapies – CMP, CBC w/ diff, CRP, ESR
- If on Vancomycin – CMP, CBC w/ diff, CRP, ESR, CK, trough weekly/PRN
- If on Daptomycin or Gentamycin – CMP, CBC w/ diff, CRP, ESR, CK
- If on TPN – CMP, CBC w/ diff, ESR, CRP, Mag, Phos, Triglycerides

Skilled Nursing:

Nursing to instruct patient / caregiver in administration of therapy, troubleshooting, catheter management and signs/symptoms of complications related to therapy and assess response to therapy.

- Skilled nursing has been arranged with _____
- HIT Specialists to arrange Skilled Nursing.

Additional Orders:

- Convert to catheter care maintenance if infusion therapy is complete and line access needs to be maintained. Flush each lumen daily with Normal Saline ± Heparin.
- DC PICC at conclusion of prescribed therapy.
- Other: _____

Prescriber Signature: _____

Date: _____

Prescriber Name: _____

NPI: _____

Phone: _____

Fax: _____