

**ASANTE INFUSION SERVICES/CANCER CENTER ADULT OUTPATIENT ORDER SET**

**Patient's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Height:** \_\_\_\_\_  in  cm

**Weight:** \_\_\_\_\_  lb  kg

**Allergies:** \_\_\_\_\_

**Diagnosis Code(s) per ICD-10** (Please fill in the blank): \_\_\_\_\_

**Line Care:**

If placement of or access to an intravenous line is necessary during the patient's treatment, please indicate which type of line will be placed or accessed.

- If patient receives emergency treatment for a hypersensitivity, infusion-related or an anaphylactic reaction, the nurse may place a peripheral line if other access not available.
  - LIDOCAINE SOLUTION 1%: Intradermally prn if needed peripheral IV insertion or implanted port access to minimize pain associated with placement of device
  - PLACE PERIPHERAL LINE and replace up to every 72 hours and as needed for phlebitis or other complication.
  - PERIPHERAL SHORT CATHETER: Flush with 3-5 ml 0.9% saline daily and prn if needed to maintain patency.
  - MIDLINE CATHETER: Flush each lumen with 5-10 ml 0.9% saline weekly and prn if needed to maintain patency.
  - PERIPHERALLY INSERTED CENTRAL CATHETER (PICC)
    - Valved/Groshong/Power PICC: Flush each lumen with 5-10 ml 0.9% saline weekly and prn to maintain patency.
    - Non-valved: Flush each lumen with 5-10 ml 0.9% saline daily and prn. Lock with Heparin 100 units/ml 3-5 ml prn if needed to maintain patency.
  - TUNNELED CATHETER VALVED (GROSHONG): Flush each lumen with 5-10 ml 0.9% saline weekly and prn if needed to maintain patency.
  - TUNNELED CATHETER NON-VALVED (HICKMAN): Flush each lumen with 5-10 ml 0.9% saline daily and prn. Lock with Heparin 100 units/ml ( 3-5 ml prn if needed to maintain patency.
  - IMPLANTED PORTS: Flush with 5-10 ml 0.9 % saline. Lock with 5 ml Heparin 100 units/ml monthly and prn blood draws to maintain patency.
  - HEMODIALYSIS CATHETERS (MAHURKER/HEMOSPLIT/VASCATH): Flush each lumen with 5-10 ml 0.9 % saline. Lock each lumen with heparin 1000 units/ml with the volume printed on the catheter weekly and prn to maintain patency.
  - Alteplase (CATHFLO): Instill 2 mg IV each lumen of any central line or Midline prn sluggishness or occlusion. May repeat one time.
- CHANGE CATHETER DRESSINGS at least q week and prn with dressing dislodgment, soiled or non-occlusive dressings.

**Hypersensitivity, infusion reaction & anaphylaxis emergency medication treatment:**

- Notify the physician if a hypersensitivity, infusion-related or anaphylactic reaction occurs.
- A nurse may implement the Asante Hypersensitivity & Infusion Reaction Treatment Protocol in Adults (400-MEDS-0052). A copy of the protocol document will be provided upon request.
- On-site provider where the patient is being treated will respond to reaction.



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**Vital signs:**

(Please fill in the blank, if default is not applicable):

- Temperature, HR, RR, BP and SPO2 at baseline and with each increase/decrease in titration, and every 4 hours until therapy complete, or as defined by provider: \_\_\_\_\_.
- Observe patient post-treatment if medication requires a monitoring period.
- Notify ordering physician if: SBP greater than 180 mmHg, DBP greater than 90 mmHg, temperature greater than 38° C, unless defined by provider as SBP greater than \_\_\_\_\_, DBP greater than \_\_\_\_\_, temperature greater than \_\_\_\_\_ ° C.

**Attach this order along with the following:**

- Face sheet/Updated demographics
- H&P or most recent progress note.
- Initial or recent lab work collected by provider
- Order for any other service than line care only.

By signing below, the clinician is attesting the medical necessity to provide therapy and ongoing need, if treatment continues.

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<b>Provider (Printed) Name</b>	<b>Provider Signature</b>	<b>Date</b>	<b>Time</b>
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**Statement of Responsibility of Parties:** Referring Healthcare Professional agrees that in referring such patients to Asante, the responsibility for the overall care of the patients referred related to the outpatient IV infusion services, as well as the use of any 340B drugs transferred to an individual patient, remains with Asante.

**Fax to:**

**Rogue Regional Heimann Cancer Center 541-789-5678**

**Three Rivers Spears Cancer Center 541-472-7271**

**Ashland Community Hospital Infusion 541-488-5393**

