

Patient information

First name	Last name	Date of birth
Patient address		
City	State	ZIP
Phone	Height <input type="checkbox"/> inches <input type="checkbox"/> cm	Weight <input type="checkbox"/> lbs <input type="checkbox"/> kg
Case manager name		Prescriber responsible for orders and follow-up

Clinical information

Diagnosis	ICD-10
Allergies	
Date of next provider visit	Expected start of care
Anticipated duration of treatment	

Medication orders

Medication	Dose	SIG
Medication	Dose	SIG
Medication	Dose	SIG

IV Catheter and flushing

<input type="checkbox"/> PICC #of Lumens: _____	Sodium Chloride 0.9% 10 mL prefilled syringe Flush each lumen with 10-20 mL normal saline before and after each use or every week when not in use. Flush line with 10 mL NS before and 20 mL after lab draw.	Refill PRN
<input type="checkbox"/> Midline	Sodium Chloride 0.9% 10 mL prefilled syringe Flush each lumen with 10-20 mL normal saline before and after each use or every 12 hours when not in use. Flush line with 10 mL NS before and 20 mL after lab draw.	Refill PRN
<input type="checkbox"/> Tunneled CVC #of Lumens: _____	Sodium Chloride 0.9% 10 mL prefilled syringe & Heparin 10 unit/mL 5 mL prefilled syringe Flush each lumen with 10-20 mL normal saline before and after each use followed by 2 mL heparin 10 unit/mL after final normal saline flush, , or weekly when not in use. Flush line with 10 mL NS before and 20 mL after lab draw.	Refill PRN
<input type="checkbox"/> Implanted port #of Lumens: _____	Sodium Chloride 0.9% 10 mL prefilled syringe & Heparin 100 unit/mL 5 mL prefilled syringe. Flush with 10-20 mL normal saline before and after each use followed by 2 mL heparin 100 unit/mL after final normal saline flush. Flush with 10-20 mL normal saline followed by 2 mL heparin 100 unit/mL every month when not in use. Flush line with 10 mL NS before and 20 mL after lab draw. Use Sterile Sodium Chloride 0.9% 10 mL prefilled syringe and flush with 10-20 mL sterile normal saline with each port re-access or monthly if port is not in use.	Refill PRN

Catheter care maintenance and removal

<input checked="" type="checkbox"/> Alteplase 2 mg vial: ≥30 kg: Instill 2 mg per lumen intracatheter as needed for occlusion; <30 kg: Instill a volume equal to 110% of internal lumen volume. Retain in catheter for a minimum of 30 minutes and withdraw.	Refill PRN
<input checked="" type="checkbox"/> Skilled nurse to administer and/or teach to independence as well as provide assessment, vital sign measurement, and dressing changes weekly and PRN.	
<input type="checkbox"/> Remove PICC/Midline upon completion of IV therapy regimen.	

Lab monitoring

Labs to be drawn and frequency (Quest diagnostics only. Outside the Portland metro/Eugene area we may not be able to provide lab services):	<input type="checkbox"/> No labs
Weekly:	

Physician authorization

I certify that the treatment above is medically necessary with supporting documentation in the patient's medical record. This message is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended addressee, nor authorized to receive for the intended addressee, you are hereby notified that you may not use, copy, disclose or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete the message.

Prescriber signature	Print name	Date
Address	Phone	Fax
		NPI

Fax completed forms to 877-290-2050. Questions? Call us at 877-290-2040.