




Home Infusion Therapy Plan of Care

Stelara

Agency Info		Elite Infusion Care- NPI 1760148456 Fax- 424-349-0011 Phone- 714-519-6993 Address: 1440 Harbor Blvd Ste 916 Fullerton, CA Email- Admin@Eliteinfusioncare.com					
Patient Name:						Date of birth	
Reason for Plan of Care		<input type="checkbox"/> Initial <input type="checkbox"/> Change in Response to treatment <input type="checkbox"/> Refill Request <input type="checkbox"/> MD order Change					
Advance Directive(s)		<input type="checkbox"/> None <input type="checkbox"/> POA <input type="checkbox"/> Living Will <input type="checkbox"/> Copy Obtained					
Plan of Care Development Participation		Patient Participated in the establishment/Maintenance of POC					
Service Location Type		<input type="checkbox"/> In- Home <input type="checkbox"/> Physician Office/Clinic					
Ordering Physician						NPI	
Allergies		<input type="checkbox"/> No Known Allergies <input type="checkbox"/> Other _____					
Diagnosis							
In Office Infusion Therapy Rejected by Patient		<input type="checkbox"/> Yes <input type="checkbox"/> NO					
Start of Care						# of Refills	
Medication Order(s)							
Dose Frequency						Rate of infusion (ML/HR)	
Mode of Administration		-Medication May be administered via Gravity flow or IV Pump -Nurse may administer medication via Peripheral IV or Central Line					
Pre-medication #1							
Pre-medication #2							
Pre-Medication #3							
Additional Orders							
Anaphylaxis Protocol		•Epinephrine 1:1000 concentration 0.3 ML Sub Q up to 3 doses 15-20 Mins •Benadryl 50 MG IV Over 5-10 Min x1 Per Agency/or Pharmacy Protocol		1.STOP infusion. 2.Administer emergency meds as ordered. 3.Administer epinephrine as above and repeat dose if necessary. 4.Administer injectable diphenhydramine as above. If IV line is in place. 5.Initiate CPR (if needed). 6.Call EMS (activate the emergency medical system). 7.Monitor vital signs every 15 mins – elevate legs if hypotensive. 9.Notify prescriber and Director of Nurse/RN Supervisor and pharmacist			
Physician Notification Parameters		Temperature	Blood Pressure	Heart Rate	Respirations	Glucose	Weight
		Temp <96.8 f > 100.4f	SBP <90 or > 150 Diastolic >90	HR < 55 or >110	Resp <12 or >24	glucose <65 >200	> 2 lb/day or >5 lb/week
Functional Limits		<input type="checkbox"/> None identified <input type="checkbox"/> Other _____					
Diet/Nutritional Needs		<input type="checkbox"/> None Identified <input type="checkbox"/> NPO <input type="checkbox"/> G-Tube <input type="checkbox"/>					

	Other _____	
Safety concerns	<input type="checkbox"/> None identified <input type="checkbox"/> Other _____	
Nursing Orders	Frequency: RN to Visit at week 0, 4 and week 8	
	Duration: Minimum of 1 hr -----1st dose RN will Monitor additional 30 minutes after infusion	
	Nurse to Review Patient Medication History, Maintain Medication Profile, Physical, Mental and environment Assessment, Teaching and Education, Monitor response and adherence to treatment	
Lab Collection	<input type="checkbox"/> Lab Collection-Not Ordered	
	Test Ordered	<input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> CRP <input type="checkbox"/> Other _____
	Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other _____
	Method of Collection	Nurse may collect using syringe or Vacuum Assitive device(Luer Lock Attachment), Nurse to collect Via vein-puncture or central line Access Device
IV insertion	Insert Peripheral IV or Access Port-a-Cath via Huber non coring needle PRN for infusion Medication administration	
Nurse IV removal	•RN to Remove Peripheral or Huber Needle at the end of therapy or when needed to replace IV /May leave peripheral iv in for up to 96 hr. May leave in up to 7 days for patients with poor vascular access	
Nursing Administration Instructions	*No live Vaccines while on Stelara *Do not administer STELARA diluted solution concomitantly in the same intravenous line with other medicinal products *Nurse to Stay an additional 30 mins for 1 st dose post infusion to monitor for adverse side effects *Withdraw, and then discard a volume of the 0.9% Sodium Chloride Diluent from the 250 mL infusion bag equal to the volume of STELARA *Use in-line, sterile, non-pyrogenic, low protein-binding filter 0.2 MM	
Agency IV Flush Protocol	Normal Saline 0.9% -10ML IV before/After infusion and PRN for all VAD Maintenance	Final Flush Heparin Sodium Flush 300 Units/ 3ML IV PRN for all Central Lines
Patient Specific Therapy Goals	<input type="checkbox"/> Decrease or complete absence of symptoms related to Primary diagnosis <input type="checkbox"/> Prevent Progression of Disease Prevent Adverse Drug Reactions During Services <input type="checkbox"/> Maintenance of quality of Life	
Discharge Plans	<input type="checkbox"/> Life Long Treatment <input type="checkbox"/> D/C when therapy complete <input type="checkbox"/> D/C when symptoms Stabilized <input type="checkbox"/> D/C to Self injection therapy when loading doses complete	
Equipment/ Supply Needs	IV Pole, IV insertion Supplies, Normal Saline Flushes, IV Pump, Administration Supplies	

RN Print Name			Date Signed		
RN Signature					
Ordering/Physician		Signature		Date	
Medical Director	Dr. Saba Haq,MD	Signature		Date	

By Signing (Medical Director)I have reviewed the POC w/nursing staff to ensure POC meet 2 CCR § 74697 requirements and for the initiation of agency protocol orders. All Changes to Primary Medication will require orders from Ordering physician