Elite Infusion Care
Care infused with Compassion

Home Infusion Plan of Care

Patient Name		Date of Birth	

Allergies	☐NKA ☐Other
Reason for Plan of Care	☐ Initial ☐ Refill Request ☐Order Change ☐ Patient Request ☐Other
Service Program	☐Infusion Nursing ☐ HIT (Medicare Part B Home infusion Therapy Qualified)
Frequency of Nursing Services	☐Same Frequency/Duration as Primary Infusion Dose Frequency ☐ 1-3 visits for Self Administration Teaching
Nursing Services	Nurse to Review Medical History, Maintain Medication Profile, provide a Physical, and environment Assessment , Teaching and Education, Monitor response and adherence to treatment, Report all abnormal findings to physician, pharmacy, Nursing supervisor(s)
Access Device	☐IV (May insert Peripheral IV, May Use Central line(Picc, Port-a-Cath, Central Line when present) -A separate of order is needed to Use Central lines used for Hemodialysis ☐ Sub Q
Access Removal	☐Remove Peripheral IV after therapy(May leave Iv In up to 7 day when difficult to access must be assessed for phlebitis/Infection/infiltration every 4 days & PRN) ☐Do not remove Central Line ☐Remove Picc Line after therapy ☐ Call MD before d/c of Central line/PICC
Flush Protocol	☐Flush IV with NS 0.9% 5-10 ML after infusion ☐ Do Not Flush SubQ Infusion All IV Central Lines must be Heparin locked with IV Heparin 300 Units/ 3ML after each infusion

Lab Order		
	☐ None ☐ Nurse to Collect labs as order	
	Lab Test	☐ CBC ☐ CMP☐ BMP ☐MG ☐Phosp ☐CRP. ☐ Iron/Ferritin ☐IGG Panel ☐ Liver Panel ☐ Potassium ☐Pre-albumin ☐Other
	Collection Method	Nurse may collect using syringe or Vacuum Assistive device(Luer Lock Attachment), Nurse May collect Via vein-puncture or central line Access Device
	Frequency	☐ Once before infusion ☐ Weekly ☐Bi-weekly ☐Q 3 months ☐Other

Diagnosis	

Primary Infusion Medication Order		
	Drug	
	Rate/Infuse over	
	Dose Frequency	
	# Refills	☐1 year supply ☐Other

Use Manufacturers guidelines to determine Max rate, Nurse may titrate as patient tolerates

Pre- infusion Medication(s)	☐ None ☐Acetaminophen 650 Mg PO ☐ Diphenhydramine 25 MG PO ☐ Solu-medrol 12.5 MG IV Other____ *May self administer PO Pre-Medications
Person's helping develop POC	☐Patient ☐Other
Anaphylaxis Protocol	☐Per Pharmacy Protocol ☐ Per Nursing Protocol
Additional Medications #2	☐ None ☐Other
Additional Medications #3	☐ None ☐Other
Functional Limitations	☐ None ☐ Hearing loss ☐Speech☐Vision ☐Paralysis ☐ Amputation

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Functional limitation,Cont	☐Contractures ☐Difficulty walking ☐Non-Verbal ☐Other
Mental Status	☐ Oriented ☐Disoriented ☐ Anxiety ☐Forgetful
Activities restrictions	☐ No Restrictions ☐ Other
Nutrition Restrictions	☐ No restrictions ☐Other
Rehab Potential/Prognosis	☐Full Recovery ☐ Poor ☐ Guarded
Safety Measures	☐ Central Line Infection Prevention ☐Fluid volume overload prevention ☐Infection Prevention ☐ Other
Treatment Goals	☐ Relief of symptoms related to diagnosis to tolerable level ☐ Maintain or increase quality of life ☐Other
Discharge Plan	☐ D/C and transfer to self Injection Therapy ☐D/C when all doses complete- F/U with physician ☐Life Sustaining Treatment(Medication Discontinuation not expected) ☐ Long term therapy (Medication Discontinuation unknown) ☐D/C to Self care when patient can demonstrate Self Administration of infusion
Equipment Needed	IV Pole, IV insertion Supplies, Normal Saline Flushes, IV Pump, Administration Supplies, Lab Collection Supplies PRN
MD Frequency of plan of care review to evaluate treatment Effectiveness	☐ Every 3 months and w/ Change in condition ☐ Every 6 months and w/ Change in condition ☐ Every 12 months and w/ Change in condition
Other- Nursing/ Patient Instructions	

Ordering Physician	
Specialty	☐Neurology ☐Cardiologist ☐Immunologist ☐Other
NPI	
Address	
Phone #	
Fax #	
Email	
Clinic Name	

Ordering Physician Signature________________________________ Date_________________

☐MD Signed on additional page

Reviewing RN Print Name			
Reviewing RN Signature		Date	
Orders above Received by a read/back/verified Telephone order	☐ Yes		
Verbal Orders Given by Agent of physician	☐No ☐Yes -Name:		