



# Home Infusion Therapy Plan of Care

## Rystiggo

<b>Agency Info</b>		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		
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	NKDA <input type="checkbox"/> List _____		
Diagnosis			
In Office Infusion Therapy Rejected by Patient	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Start of Care		# of Refills	1 year other
Medication Order	<input type="checkbox"/> Rystiggo 420 MG SubQ . <input type="checkbox"/> Rystiggo 560 MG SubQ <input type="checkbox"/> Rystiggo 840 MG SubQ		
Dose Frequency	Every 7 days for 6 visits per Round (up to 4 days late dose allowed, if late dose longer than 4 day skip dose. Then resume normal scheduled dose schedule		
Dose Break between Rounds	Minimum of 64 days since starting 1 <sup>st</sup> round before starting next round Other _____		
Rate of infusion (ML/HR)	20 mL/hour (estimated over 15 minutes)		
Mode of Administration	must be administered through sub Q pump		
Pre-medication #1			
Pre-medication #2			
Pre-Medication #3			
Additional Orders	N/A		
Anaphylaxis Protocol	<ul style="list-style-type: none"> <li>•Epinephrine 1:1000 concentration 0.3 ML Sub Q up to 3 doses 15-20 Mins</li> <li>•Benadryl 50 MG IV/po Over 5-10 Min x1</li> </ul> Per Agency/or Pharmacy Protocol	<ol style="list-style-type: none"> <li>1.STOP infusion.</li> <li>2.Administer emergency meds as ordered.</li> <li>3.Administer epinephrine as above and repeat dose if necessary.</li> <li>4.Administer injectable diphenhydramine as above. If IV line is in place.</li> <li>5.Initiate CPR (if needed).</li> <li>6.Call EMS (activate the emergency medical system).</li> <li>7.Monitor vital signs every 15 mins - elevate legs if hypotensive.</li> <li>9.Notify prescriber and Director of Nurse/RN Supervisor and pharmacist</li> </ol>	

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"/> Fall <input type="checkbox"/> Infection Risk <input type="checkbox"/> Other _____					
Advanced Directives	<input type="checkbox"/> None <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Living Will <input type="checkbox"/> <b>Copy Requested</b>					
Nursing Services	<b>Infusion Services by RN</b>					
	Frequency: RN to Visit every 7 days					
	Duration: 1 year <input type="checkbox"/> Other _____					
	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 Assistive device(Luer Lock Attachment), Nurse to collect Via vein-puncture or central line Access Device				
IV insertion	Nurse Insert SubQ access To lower abdomen quadrants alternate w/ each dose					
Nurse IV removal	•RN to Remove SubQ access site when infusion complete					
Nursing Administration instruction	<p>*Dose can be delayed up to 4 days, Resume Normal scheduled dosing day after</p> <p>*Nurse to Stay an additional 30 mins for 1<sup>st</sup> dose post infusion to monitor for adverse side effects . All Repeated doses only require additional 15 min post infusion monitoring</p> <p>*Do not Flush Line after infusion</p> <p>*Syringe pump occlusion alarm limits should be at the maximum setting ?</p> <p>* Administration tubing length should be 61 cm or shorter ?</p> <p>*Infusion set with a needle of 26 gauge or larger should be used.</p>					
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 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	SubQ access insertion Supplies, SubQ Pump, all other Administration Supplies					

Reviewed by RN				Date Signed	
RN Signature					
Ordering/Physician			Signature		Date
Medical Director	Dr. Saba Haq,MD	Signature		<i>Dr. Saba Haq</i>	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					