



**Lewis County
Health System**

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CONFIDENTIAL

DATE: _____

PLEASE DELIVER TO: Lewis County Health System – ASU Department

FAX #: 315-376-0130

COMPANY: _____

FROM: _____

NUMBER OF PAGES (INCLUDING COVER SHEET): 3

SUBJECT: INFUSION REQUEST

NOTES: _____

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OUTPATIENT SERVICES REQUEST CHECKLIST

What is needed to schedule your patient for treatment at Lewis County General Hospital

Patient Name		DOB	Patient Phone #
Height	Weight	Gender	Allergies
Please attach separate order form for Infusion or procedure (i.e., wound care)			
Diagnosis/Indications for treatment:			

Please ensure the following are attached:

Authorization / Insurance approval completed

Reference # _____

Date _____

Authorization # _____

Date _____

Patient Demographic Cover Sheet

LCGH specific Order Sheet completed in full?

Patient's name

Patient's DOB

Diagnosis

Patient's current height and weight

Allergies

Signed, dated, and timed by ordering physician

Consent completed (for blood products including IVIG)

H&P written within 30 days (which includes purpose for drug)

Print and fax to LCGH Ambulatory Outpatient Department

****Please make sure ALL boxes are checked prior to faxing to LCGH ASU
Upon completion, scheduling will be done by LCGH**

Provider (or designee) Print Name

Phone #

Fax #

Provider (or designee's) Signature

Date



Place patient identification sticker and/or two patient identifiers.

Zoledronic Acid

Ht ____ Wt ____ kg

ORDERS GOOD FOR THE YEAR OF 20____

ADMIT TO ASU OUTPATIENT

Diagnosis:

Allergies:

Vital Signs: Every 30 minutes.

IV: 0.9% Normal Saline @ 30ml/hr

Regular Diet

PRE-MEDICATIONS: SELECT ALL THAT APPLY

- Methylprednisolone 40mg IV x 1 - 30 minutes prior to infusion
Diphenhydramine ____mg PO x 1 - 30 minutes prior to infusion
Diphenhydramine ____mg IV x 1 - 30 minutes prior to infusion
Acetaminophen 650mg PO x 1 - 30 minutes prior to infusion
Other:

Medication: Below products are specific to insurance approval

Osteoporosis / Paget Disease : Reclast (zoledronic acid) 5mg/100mL IV x 1 dose - Administer over 30 minutes

Oncologic Use: Zometa (zoledronic acid) 4mg / 100mL IV administered over 30 minutes.

Frequency:

Recent Labs: Cr Ca Albumin

IF INFUSION-RELATED REACTION OCCURS (FOR ALL ORDERS):

- 1. STOP infusion
2. Alert rapid response team (if clinically indicated)
3. Increase 0.9% Normal Saline to 999 ml/hr
4. Administer PRN medications per infusion reaction medications listed below
5. Notify Physician
6. Vital signs every 10 minutes

INFUSION REACTION MEDICATIONS

Follow reaction infusion protocol unless otherwise indicated (FOR ALL ORDERS):

- Albuterol 2.5mg via nebulizer x1 as needed for shortness of breath/wheezing
Diphenhydramine 25mg IV every 15 mnutes x2 as needed for urticaria, pruritis, shortness of breath
Epinephrine 0.3mg IM x 1 as needed for anaphylaxis
Methylprednisolone Succinate 125mg IV x 1 as needed for anaphylaxis

NURSING ORDERS

- Ensure a recent Serum Creatine BUN, Calcium and albumin have been done prior to treatment.
Nurse will obtain current height and weight and report values to pharmacy.
Hold infusion and call MD if: (Contraindicated) Osteoporosis / Pages: CrCL < 35 mL/mn
Oncologic Use: ScCL <60 mL/min
This medication is hazardous - please use proper precautions.
Monitor patient for 30 minutes after infusion complete.
Flush line with 10mL 0.9% Sodium Chloride
Access port-a-cath, flush with 0.9% NS 10mL post infusion, followed by Heparin 500 units (if applicable)
Use PICC line, flush with NS 10mL post infusion with 0.9% NS (if applicable)
Discharge when criteria met

Nurse Signature: Date: Time:

Qualified Medical Provider Name (Print):

Signature:

NPI#:



LCGH.0005

Phone Number:

Date: Time: