



LOWER UMPQUA HOSPITAL
OUTPATIENT NURSING DEPARTMENT
600 Ranch Road, Reedsport, OR 97467
Phone: (541) 271-2163 | Fax: (541) 271-4058

OUTPATIENT THERAPY ORDERS (ADULT)

Patient Name _____ DOB _____

Patient Phone # _____ Patient Weight (Kg) _____ Patient Height (cm): _____

Patient Allergies _____

Provider _____ NPI# _____

ICD-10 Code (REQUIRED) _____ J Code _____

Primary Diagnosis _____

Secondary Diagnosis _____

Duration (or # of treatments): _____ Anticipated Infusion Date _____

THERAPY PLAN / DRUG NAME: _____

INSTRUCTIONS TO PROVIDER:

- **Allow 2 business days** for request to be processed. For **URGENT** requests, call Infusion Center.
- **Please ensure insurance authorization has been initiated.**
- Lab orders should **NOT** be included on this form – place orders via usual method. **Lab monitoring is the responsibility of the ordering Provider.**
- This plan will expire **after 365 days**, at which time new orders will need to be placed.

MEDICATIONS (Drug name / dose / route / frequency / interval):

ORDERING GUIDELINES:

- Send **FACE SHEET** and **H&P** or most recent chart note

PRE-MEDICATIONS (Drug name / dose / route) Administer 30 to 60 minutes prior to each infusion:

Continued on next page →

Date _____ Time _____ Provider Signature _____

"Statement of Responsibility of Parties: referring Prescriber agrees that in referring patients to Lower Umpqua Hospital Outpatient Nursing Department, the responsibility for the care related to these Outpatient Nursing Therapy Plan orders, as well as administration of any 340B drugs, remains with Lower Umpqua Hospital."



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LAB NURSE DRAW (ONLY use for ordering labs that must be done the day of infusion):

TREATMENT PARAMETERS:

NURSING ORDERS:

HYDRATION / MAINTENANCE TKO:

- 0.9% sodium chloride** infusion, 25 mL/hour, IV x 1 PRN per policy - flush/hydration/main bag/TKO
- Dextrose 5%** infusion, 25 mL/hour, IV x 1 PRN per policy - flush/hydration/main bag/TKO

LINE CARE MAINTENANCE:

- Follow facility policies and procedures for all vascular access maintenance with appropriate flush solutions, de-clotting (**alteplase**), and/or dressing changes.
- alteplase (CATHFLO ACTIVASE)** injection 2 mg/2 mL, intra-catheter x 1 PRN de-clotting per facility policy for 2 doses
- heparin, Porcine (Preservative Free)** 100 units/mL IV syringe, 500 units, intra-catheter x 1 PRN line care
- 0.9% sodium chloride** flush, 10 to 30 mL IV; See facility policy and/or medication admin instructions, flush as needed
- If applicable, may remove PICC line at the completion of course of therapy **Continued on next page →**

Date _____ Time _____ Provider Signature _____

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EMERGENCY MEDICATIONS FOR HYPERSENSITIVITY / INFUSION REACTION:

*** Itching, hives, fever ***

- STOP MEDICATION INFUSION if allergic reaction occurs**
- Establish IV access and infuse **0.9% sodium chloride** 500 mL at 25 mL/hour PRN Hypersensitivity / Allergic reaction
- VS Q15 minutes x 4 and PRN
- acetaminophen (TYLENOL)** 650 mg PO Q4HRS PRN Hypersensitivity / Allergic Reaction.
- diphenhydramine (BENADRYL)** 25 MG IVP PRN Hypersensitivity / Allergic Reaction x 1 dose.
May repeat x 1 {**Maximum dose = 50 mg**}
- NOTIFY** Provider of Hypersensitivity / Allergic Reaction
- hydrocortisone** 100 mg IVP PRN Hypersensitivity / Allergic Reactions x 1 dose if reaction continues and is not relieved by maximum dose of **Diphenhydramine**

ANAPHYLAXIS REACTION

*** Wheezing, Dyspnea, Hypotension, Angioedema, Chest pain, Tongue swelling ***

- Transfer to Emergency Department (ED) as needed, and **NOTIFY** Provider
- epinephrine** 0.3 mg IM PRN anaphylaxis x 1 dose

Date _____ Time _____ Provider Signature _____

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