 Defaults for orders not otherwise specified below:
- Interval: Every 84 days (12 weeks)
- Interval: Every ____ days

Duration:
- Until date: __________
- 1 year
- _______# of Treatments

Anticipated Infusion Date ___________ ICD 10 Code with Description

Height ___________ (cm) Weight ___________ (kg) Allergies

Provider Specialty
- Allergy/Immunology
- Infectious Disease
- OB/GYN
- Rheumatology
- Cardiology
- Internal Med/Family Practice
- Other
- Surgery
- Gastroenterology
- Nephrology
- Otolaryngology
- Urology
- Genetics
- Neurology
- Pulmonary
- Wound Care

Site of Service
- SH Gerber
- SH Lemmen Holton (GR)
- SH Pennock
- SH United Memorial
- SH Helen DeVos (GR)
- SH Ludington
- SH Reed City
- SH Zeeland

Appointment Requests
- Infusion Appointment Request
  Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after Injection

CATHETER CARE: Implantable Venous Port

- CATHETER CARE IMPLANTABLE VENOUS PORT FLUSH
  - sodium chloride *STERILE* flush 0.9 % syringe 10 mL
    10 mL, Intravenous, PRN, Line Care, for Port Access Procedure, Starting when released, Until Discontinued
    See Procedure: Implanted Venous Port - Accessing the Port. Attach the *STERILE* syringe to the needless access device, prime the Huber needle tubing, and flush the port when accessing the port.
  - sodium chloride flush 0.9 % syringe 10 mL
    10 mL, Intravenous, PRN, Line Care, Flush with 10 mL before AND after medications/IV fluids and after blood draws. Follow with heparin flush if port is assessed but not in use., Starting when released, Until Discontinued
  - heparin flush 100 UNIT/ML injection 500 Units
    5 mL, Intravenous, PRN, Line Care, Heparin Flush every 24 hours if port assessed but not in use, before de-accessing port and minimally every month if not accessed., Starting when released, Until Discontinued

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials ____________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

<table>
<thead>
<tr>
<th>TRANSCRIBED:</th>
<th>VALIDATED:</th>
<th>ORDERED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME DATE</td>
<td>TIME DATE</td>
<td>TIME DATE Performance #</td>
</tr>
<tr>
<td>Sign</td>
<td>R.N. Sign</td>
<td>Physician Print</td>
</tr>
</tbody>
</table>

EPIC VERSION DATE: 11/6/19

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.