Defaults for orders not otherwise specified below:
- Interval: Every 28 days
- 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
- Pulmonology
- 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

Procedure
- **SIGN ORDER** for Prior Auth (**DO NOT RELEASE**) Therapy Plan Order

Nursing Orders
- Indwelling Urinary Catheter Routine, CONTINUOUS, Starting S, Until specified

Reason for insertion?
- Hourly assessment of urinary output in critical care
- Select pre/postoperative procedures
- Acute renal/acute kidney injury
- Bladder outlet obstruction/urologic issue
- Improved comfort for end of life care
- Incontinence with open state 3 or stage 4 sacral/perineal wound
- Unstable Spine or multiple traumatic injuries such as pelvic fracture
- Chronic Foley
- Bladder/Abdominal Pressure Monitoring

Removal:
- POD 1 by 0800
- POD 2 by 0800
- Other: _________________________

Insert Urinary Catheter

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.

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Sign R.N. Sign Physician Print

Physician

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