Defaults for orders not otherwise specified below:

- Interval: Once
- Interval: Every ___ days

Duration:
- Once
- 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 Reed City
- ☐ SH United Memorial
- ☐ SH Helen DeVo (GR)
- ☐ SH Ludington

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 and possible labs

Provider Reminder

- ☑ ONC PROVIDER REMINDER 20
  - If varying intervals are needed for vascular access, the vascular access plan will need to be applied for each desired interval. Select Add Protocol from the Actions dropdown in the upper right corner to assign an additional plan.

Medications

- ☐ MED MS LOCAL ANALGESIA: LIDOCAINE-PRILOCAINE (EMLA), LIDOCAINE 4% (LMX), LIDOCAINE 1% INJECTION PRN (WHEN RELEASED)
  - lidocaine-prilocaine (EMLA) cream 1 Application
    - 1 Application, Topical, PRN, Topical Anesthesia, Choose if local analgesia is needed in 45 minutes or more, Starting when released, Until Discontinued
  - lidocaine (LMX) 4 % cream
    - Topical, PRN, Other, Choose if local analgesia is needed in 30-45 minutes, Starting when released, Until Discontinued
  - lidocaine (PF) 1 % injection 1 mL
    - 1 mL, Intradermal, PRN, Use 0.25 mL to 1 mL for IV start, Starting when released, Until Discontinued

Labs

- ☐ Complete Blood Count w/Differential
- ☐ Basic Metabolic Panel (BMP)
- ☐ Comprehensive Metabolic Panel (CMP)
- ☐ Magnesium, Blood Level

CONTINUED ON PAGE 2 ➔

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

- **Phosphorus, Blood Level**  

- **Prothrombin Time (PT with INR)**  

- **Activated Partial Thromboplastin Time (APTT)**  

- **Iron and Iron Binding Capacity Level**  

**CATHETER CARE: Peripheral Inserted Central Catheter**

- **CATHETER CARE PERIPHERAL INSERTED CENTRAL CATHETER**
  - sodium chloride flush 0.9 % syringe 10 mL  
    10 mL, Intravenous, PRN, Line Care, Flush each lumen 10 mL before AND after medications/IV fluids and after blood draws, Starting when released, Until Discontinued
  - heparin flush 100 UNIT/ML injection 500 Units  
    5 mL, Intravenous, PRN, Line Care, Flush each lumen with 5 mL heparin 100 units/mL concentration, Starting when released, Until Discontinued
  - sodium chloride 0.9% (NS) infusion  
    20 mL/hr, Intravenous, PRN, To be used as a flush solution as needed to minimize the number of times the IV line is accessed., Starting when released, Until Discontinued

**CATHETER CARE: Implantable Venous Port**

- **CATHETER CARE IMPLANTABLE VENOUS PORT**
  - 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
  - sodium chloride 0.9% (NS) infusion  
    20 mL/hr, Intravenous, PRN, Other, To be used as a flush solution as needed to minimize the number of time the IV line is accessed., Starting when released, Until Discontinued

**Procedure**

- **Dressing change per protocol**
- **Change dressing**  
  Routine, PRN Starting when released Until Specified
  Refer to Intravenous Catheter Patency Protocol https://spectrumhealth.polictech.com/dotNet/documents/?docid=42863

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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**TRANSCRIBED:** **VALIDATED:** **ORDERED:**

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Sign R.N. Sign Physician Print

**EPIC VERSION DATE:** 12/12/19
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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