

### PATIENT INFORMATION / REFERRAL STATUS

**Referral Status:**  New Referral  Updated Order  Order Renewal    **Date:** \_\_\_\_\_  
**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**ICD-10 Code:** \_\_\_\_\_ **ICD-10 Description/Diagnosis:** \_\_\_\_\_  
**Allergies:**  NKDA    **Allergies:** \_\_\_\_\_    **Weight:** \_\_\_\_\_  lbs/ kg    **Height:** \_\_\_\_\_  
**Patient Status:**  New to Therapy  Continuing Therapy    **Last Treatment Date:** \_\_\_\_\_    **Next Due Date:** \_\_\_\_\_

### PROVIDER / PRACTICE INFORMATION

**Ordering Provider:** \_\_\_\_\_ **Provider NPI:** \_\_\_\_\_  
**Referring Practice Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Practice Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Referral Coordinator Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Alternative Phone Number:** \_\_\_\_\_

### NURSING PROTOCOL COMMUNICATIONS

- Provide nursing care, vital signs, monitoring according to Memorial Outpatient Procedures. Establish/maintain IV access and administer medication as ordered. Remove peripheral IV access after infusion completion if applicable. Follow infusion-related/hypersensitivity reactions management according to MHS Outpatient Adverse Reaction Protocol available for review on at [mhs.net/services/pharmacy/infusion-services/outpatient-infusion](https://mhs.net/services/pharmacy/infusion-services/outpatient-infusion).
- Discharge/Follow-up instructions according to Memorial Outpatient Procedures.

### LABORATORY ORDERS

- Pregnancy, Urine for females of childbearing potential who have not undergone a hysterectomy:**
  - Once  Every Visit  Every \_\_\_\_ months
- CBC with Diff:**  Once  Every Visit  Every \_\_\_\_ months
- Comprehensive Metabolic Panel:**  Once  Every Visit  Every \_\_\_\_ months
- CRP:**  Once  Every Visit  Every \_\_\_\_ months
- Hep B surface antigen [HBsAg]:**  Once  Every Visit  Every \_\_\_\_ months
- Hep B surface antibody quantitative:**  Once  Every Visit  Every \_\_\_\_ months
- Hep B core antibody [anti-HBc]:**  Once  Every Visit  Every \_\_\_\_ months
- Liver panel:**  Once  Every Visit  Every \_\_\_\_ months
- Bilirubin fractionated:**  Once  Every Visit  Every \_\_\_\_ months
- IgG, IgA, IgM:**  Once  Every Visit  Every \_\_\_\_ months
- Vitamin D 25 hydroxy:**  Once  Every Visit  Every \_\_\_\_ months
- Lymphocyte subset panel 5 (T3/4/8/B/NK):**  Once  Every Visit  Every \_\_\_\_ months
- Anti-JCV antibody index value:**  Once  Every Visit  Every \_\_\_\_ months
- Quantiferon (R) TB gold, draw site incubated:**  Once  Every Visit  Every \_\_\_\_ months
- Other (please specify frequency):** \_\_\_\_\_

### PRE-MEDICATION ORDERS (30-60 Minutes Prior to Therapy)

- Acetaminophen (Tylenol) 650 mg PO
- Diphenhydramine (Benadryl)  25 mg  50 mg  PO  IV **OR**
  - Cetirizine (Zyrtec) or Loratadine (Claritin) 10 mg PO
- Methylprednisolone (Solu-Medrol)  40 mg  125 mg IV **OR**
  - Dexamethasone (Decadron)  8 mg  20 mg PO
- Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency/Timing: \_\_\_\_\_

**THERAPY**

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Loading Dose: \_\_\_\_\_  N/A

Maintenance Dose: \_\_\_\_\_  N/A

Route:  IV  SQ  IM

Frequency: \_\_\_\_\_

Infuse over:  30 minutes  1 Hour  2 Hours  Other: \_\_\_\_\_

**\*\*Diluent/Volume/Concentration/Special tubing/Filters will be in accordance with the product package insert.\*\***

Flush with 0.9% sodium chloride at completion per protocol or medication-specific instructions

**Additional Administration Instructions:**

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**Supplemental/Adjustment Instructions, if applicable:**

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**Note to Pharmacy/Comments:**

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Refills:  Zero  for 12 months  Other: \_\_\_\_\_

*(if not indicated, order will expire one year from date signed)*

\_\_\_\_\_  
Provider Name (Print)

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

Observe patient for infusion related and hypersensitivity reactions such as fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.

### If reaction occurs:

- Stop infusion and assess patient.
- Maintain or establish vascular access if needed
- **Administer emergency medication(s) according to symptoms:**
  - ☒ Acetaminophen 650 mg PO once PRN headache, pain, fever >100.4F, chills or rigors.
  
  - ☒ Diphenhydramine 50 mg IV once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction **OR**
  - ☒ Diphenhydramine 50 mg IM once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction (if no IV access)
  
  - ☒ Dexamethasone 10 mg IV once PRN shortness of breath or wheezing **OR**
  - ☒ Dexamethasone 10 mg IM once PRN shortness of breath or wheezing (if no IV access)
  
  - ☒ Ondansetron 4 mg IV once PRN nausea, vomiting **OR**
  - ☒ Ondansetron 4 mg IM once PRN nausea, vomiting (if no IV access)
- May re-start therapy if appropriate when symptoms resolve. Resume infusion at 50% of the previous rate and increase per manufacturer's guidelines.

### If a severe allergic/anaphylactic reaction occurs

- Symptoms are rapidly progressing or continuing after administration of PRN medications and/or signs and symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension)
  - ☒ Notify the Rapid Response / Rescue Alert Team / Blue Alert / 911.
  - ☒ Initiate BLS/ Cardiopulmonary resuscitation if necessary.
  - ☒ Administer Epinephrine 0.3 mg intramuscularly, every 5 MIN PRN rapidly progressing or continuing after administration of PRN medication or signs and symptoms of severe allergic/anaphylactic reaction. Administer every 5-15 minutes as needed preferably in the outer thigh.
  - ☒ Place the patient in a recumbent position, elevate lower extremities.
  - ☒ Continuously monitor vital signs (blood pressure, pulse oximetry, and heart rate).
  - ☒ Contact and notify the referring provider on the day of occurrence once patient is stabilized.
  - ☒ Document reaction in the medical record and complete an incident report once patient is stabilized.