HOME INFUSION PHARMACY PRESCRIBER STANDING ORDER FORM

Pharmacy Name:	Address:	Ph:
Prescriber/Practice Group/Health System Name:		
Address:		
Phone:	City, State:	Zip:

Prescription

☐ **By signing below, I authorize the use of the flush medications and associated directions on my/our patients as applicable to the type of access device being utilized. This order will be valid for 1 year from the date it is signed.**

Utilization of Standing Order

When utilized, please indicate patient's name and date implemented. A scanned copy of this document will be placed in the patient's electronic medical record.

Patient Name: **Date Implemented:**

Ancillary Orders

IV Flush Orders

Access Device	0.9% NaCl Flush	Heparin
Peripheral IV	☐ 2-3 mL pre/post infusion ☐ 2-3 mL every 12 hours for maintenance	☐ N/A ☐ 1-3 mL heparin (10 units/mL) every 24 hours for maintenance
Peripheral- Midline	☐ 3-5 mL pre/post infusion, 5 mL pre-lab draw, 10 mL post-lab draw	☐ 3 mL heparin (10 units/mL) post-use or every 12 hours if not used ☐ 3 mL heparin (10 units/mL) post-use or 3 mL heparin (100 units/mL) every 24 hours for maintenance
PICC & Central Tunneled & Non-tunneled	☐ 5 mL pre/post infusion, 5 mL pre-lab draw, 10 mL post-lab draw	☐ 5 ml (heparin 10 units/ml) post use or every 24 hours if not used ☐ 3 ml (heparin 100 units/ml) post use or every 24 hours if not used
Implanted Port	☐ 5 - 10 ml pre/post infusion, 10 - 20 ml pre/ post lab draw	☐ 3 - 5 ml (heparin 100 units/ml) post-use or every 24 hours if accessed but not used ☐ 3 - 5 ml (heparin 100 units/ml) flush weekly to monthly if not accessed.
Valved Catheters: Chest, PICC, Midline	☐ 5 - 10 ml pre/post use, 10 - 20 ml pre/post lab draw; maintenance 5 - 10 ml at least weekly	N/A

Catheter Occlusion

☐ Cathflo Activase
- ☐ 1 mg (midlines or patients <30 kg)
- ☐ 2 mg

Instill into occluded catheter. Let dwell for 30 minutes before attempting to aspirate. Total dwell time not to exceed 120 minutes.

☐ May repeat x 1 dose.

Anaphylaxis Orders

Does this patient require an anaphylaxis kit?

☐ Yes, with 1st dose ☐ Yes, with all doses

- Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SQ or IM x 1; repeat x 1 in 5 to 15 min PRN.
- Diphenhydramine 25 mg (> 30 kg) or 1.25 mg/kg (≤ 30 kg – 25mg max dose) IV or IM; repeat x 1 in 15 min PRN no improvement.
- 0.9% Sodium Chloride 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis.

☐ SUBQ Doses: Epinephrine Auto-Injector 0.3 mg 2-Pack Kit – Inject 0.3 mg IM x 1 dose PRN anaphylactic reaction, repeat x 1 PRN.

The need to utilize the kit and protocol will be based on patient need.

Nursing Orders: Skilled nurse to assess and administer and/or teach self-administration where appropriate via access device as indicated above. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1 year.

Prescriber Signature: **Date:**

Authorizing Prescriber Name:	Phone:	Fax:
Address:	NPI:	
City, State:	Zip:	Office Contact:

