Home Infusion Pharmacy Prescriber Standing Order Form							
Pharmacy Name:	/	Address:				Ph:	
	Prescriber/Practice Group/Health System Name:						
<b>2</b>	Address:						
option care health"	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							
• <u>Peripheral:</u>		For mai	NS 2 to 3 mL pre-/post-use. Heparin (10 unit/mL) 1 to 3 mL post-use. For maintenance,  NS 2 to 3 mL every 12 hr <u>or</u> heparin (10 unit/mL) 1 to 3 mL every 24 hr. Other:				
Peripheral-Midline: NS 3 to 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw.							
			Heparin (10 unit/mL) 3 mL post-use. For maintenance, 🗆 heparin (10 unit/mL) 3 mL every 12 hr <u>or</u> 🗆 (100 unit/mL) 3 mL every 24hr				
<u>Tunneled:</u>			NS 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw.				
			Heparin (10 unit/mL) 5 mL <u>or</u> (100 unit/mL) post-use. For maintenance, □ heparin (10 unit/mL) 5 mL or □ (100 unit/mL) 3 mL every 24 hr.				
			□ Other:				
Implanted Port: NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw.							
			Heparin (100 unit/mL) 3 to 5 mL post-use. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not				
			accessed.				
Valved Catheters:			NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. For maintenance, NS 5 to 10 mL at least weekly.				
Catheter Occlusion							
Cathflo Activase Instill into occluded catheter. Let dwell for 30 minutes before attempting to aspirate. Total dwell							
<ul> <li>□ 1 mg (midlines or patients &lt;30 kg)</li> <li>□ 2 mg</li> </ul>			time not to exceed 120 minutes.  May repeat x 1 dose.				
Anaphylaxis Orders							
If this is a 1 <sup>st</sup> infusion dose, would you like Option Care Health to provide an anaphylaxis kit with the 1 <sup>st</sup> dose?							
Dosage: 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.							
<ul> <li>Normal saline 500 mL (&gt; 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis. Patients ≤ 30 kg, infuse over 2 to 4</li> </ul>							
hours PRN headache rated > 5 on pain scale.							
□ SQ 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. Attached signed Anaphylaxis Prescriber Order Form (FR-PC-036) outlines the medications and protocols utilized in the event of anaphylaxis. <b>The need to utilize</b>							
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:		<u></u>	
City, State:			Zip:	Office Contact:			
CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You are obligated to maintai it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure of failure to maintain confidentiality could subject you to penalties described in federal and state laws. IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by							
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