

Bleeding Disorder Prescriber Order Form					
Patient Name:		Date of Birth:		Gender:	
Address:					
Phone:		Height:		☐ inches ☐ cm	
		Weight:		☐ lbs ☐ kg	
Clinical Information					
Primary Diagnosis Description:				ICD-10 Code:	
Severity: ☐ Severe ☐ Moderate ☐ Mild ☐ Type 1 ☐ Type 2 ☐ Type 3					
IV access device:				Nursing required: ☐ Yes ☐ No	
Additional information:					
Factor Product Prescription					
Factor Product:		Dosing Regimen:			
Select One: ☐ Prophylaxis ☐ Episodic ☐ Peri-operative					
Additional dosing instructions:					
Refill as directed ☐ x6 months ☐ x12 months ☐ _____ times					
Actual factor replacement product dose may be within (+/-10%) than the target dose specified.					
Ancillary Orders					
IV Flush Orders					
☐ Peripheral: 0.9% Sodium Chloride 2 to 3 mL pre-/post-use. Heparin (10 unit/mL) 1 to 3 mL post-use.					
☐ For Maintenance (<i>select one</i>): ☐ 0.9% Sodium Chloride 2 to 3 mL every 12 hr or ☐ Heparin (10 unit/mL) 1 to 3 mL every 24 hr.					
If infusing via Peripheral IV, skilled nurse to insert.					
☐ Peripheral-Midline: 0.9% Sodium Chloride 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 (<i>select one</i>): Heparin ☐ (10 unit/mL) 3 mL every 12 hr or ☐ (100 unit/mL) 3 mL every 24 hr.					
If infusing via Peripheral IV, skilled nurse to insert.					
☐ PICC and Central Tunneled/Non-Tunneled: NS 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw.					
(<i>Select one</i>): Heparin ☐ (10 unit/mL) 5 mL or ☐ (100 unit/mL) post-use.					
☐ For Maintenance (<i>select one</i>): Heparin ☐ (10 unit/mL) 5 mL or ☐ (100 unit/mL) 3 mL every 24 hr.					
☐ Implanted Port: 0.9% Sodium Chloride 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.					
Nurse to access implanted port.					
☐ Valved Catheters: 0.9% Sodium Chloride 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. For maintenance, 0.9% Sodium Chloride 5 to 10 mL at least weekly.					
☐ Apply 30 – 60 minutes prior to access: ☐ EMLA cream, 30g tube ☐ LMX cream, 30g tube					
Skilled nurse to administer doses intravenously where applicable. Skilled nurse to assess and teach self-administration of SUBQ medication where appropriate. Nurse will provide ongoing support, including administration of medication, PRN. Refill above ancillary orders as directed x 1 year.					
If patient is seen within a provider led infusion clinic, Option Care Health's infusion reaction management policy, skilled nursing plan of treatment, and IV flush administration will be followed per provider oversight. No individual anaphylaxis kit will be dispensed.					
<i>I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.</i>					
Prescriber Signature:				Date:	
Prescriber Information					
Prescriber Name:		Phone:		Fax:	
Address:		NPI:			
City, State:		Zip:		Office Contact:	
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