



Heart Failure Infusion Services Enrollment/Order Form

Referral Date:

Patient Information
Patient Name: Patient Phone: DOB:
Address: City, State: Zip:
Caregiver Name: Relationship: Phone:
Please Include: Demographics Insurance Info History & Physical Medication List Progress Notes
Therapy Start Date: Hospital & Room #:

Clinical Background
Primary Diagnosis: Heart Failure Other:
Allergies: NKDA DNR status: Order Received N/A
Ht: in cm Wt: lb kg
Plan of Care: Bridge to Transplant Bridge to VAD Bridge to Decision Palliative

Prescription and Orders
Milrinone Administer mcg/kg/min Continuously via ambulatory infusion pump
Dobutamine Administer mcg/kg/min Continuously via ambulatory infusion pump
Dopamine Administer mcg/kg/min Continuously via ambulatory infusion pump
Dosing weight: (if different than actual wt): lb kg
Notify MD of wt. gain: 2 lbs 3 lbs/day or 5 lbs/wk; BP < > HR < >
Adjust rate only if weight changes by >=10 lbs
Access: PICC Tunneled Catheter Implanted port Other: # of Lumens:
Catheter Maintenance: Option Care Protocol Other:
Additional Orders:
Lab orders: BMP CMP CBC OTHER Call/Fax results to:
NURSING:
Instruct patient/caregiver in therapy management, and infusion pump operation
Teach patient/caregiver: daily monitoring (wt., vital signs, abdominal girth), diet & fluid management, signs & symptoms of exacerbation, when & how to contact RN or Pharmacist
Nurse to perform Central Vascular Catheter dressing change weekly and as needed
Teach patient/caregiver appropriate flushing to additional lumens of Central Vascular Catheter, if applicable
Instruct patient/caregiver to call 911 if symptoms are severe (unless patient is "DNR")
Insert peripheral IV prn in the event of problems with the Central Vascular Catheter and notify ordering provider

I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.

Physician Signature: Date:

PRESCRIBER INFORMATION
PRESCRIBER NAME: Direct Contact Number/extension:
Specialty: Hospital/Clinic:
Address: City, State: Zip:
License: NPI: UPIN:

CONFIDENTIAL HEALTH INFORMATION: Health care information is personal information related to a person's health care. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Redisclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized redisclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. Drug names are the property of their respective owners.