HOME INFUSION PHARMACY PRESCRIBER STANDING ORDER FORM - ADULT

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: **Gender:** **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.
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.

Prescriber Signature: **Date:**

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

