



option care health®

Dear Provider,

Specialty therapies can be complex, and complete information is essential to help ensure timely access to care.

The following prescriber order form is designed to capture the necessary clinical and patient information the dispensing pharmacy requires to begin the applicable prescribed therapy.

If your patient has elected to use Option Care Health, please fax completed form and required clinical documentation to \_\_\_\_\_.

Sincerely,  
Option Care Health

Cert Period: \_\_\_\_\_ to \_\_\_\_\_

Home Infusion Post Acute Prescriber Order Form

<b>To: Option Care Health</b>		<b>Phone:</b>	<b>Fax:</b>	<b>Date:</b>																		
<b>From:</b>		<b>Phone:</b> X	<b>Fax:</b>	<b># Pages, Incl. Cover:</b>																		
<b>Patient Name:</b>		<b>Patient Phone:</b>	<b>DOB:</b>	<b>Gender:</b>																		
<b>Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>																		
<b>Medicare ID # (if applicable)</b> _____ <input type="checkbox"/> <b>Patient is homebound per Medicare criteria</b>																						
<b>Please attach the following: demographics; insurance information; H&amp;P; medication profile</b>																						
<b>Diagnosis(es) or Problems Related to or Requiring the Need for Option Care Health Services</b>																						
<b>Clinical Background and Orders</b>																						
<b>1</b>	Ht: _____ <input type="checkbox"/> In <input type="checkbox"/> cm    Wt: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg    Date: _____    Code Status: _____    IV Access: _____ Allergies: <input type="checkbox"/> NKDA or (list): _____ <input type="checkbox"/> Advance Directives																					
<b>2</b>	<b>Rehab Potential:</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Terminal <input type="checkbox"/> Palliative Care <b>Mental Status:</b> <input type="checkbox"/> Alert/Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Depressed <b>Safety Measures:</b> <input type="checkbox"/> 911/EMS <input type="checkbox"/> Standard Precautions <input type="checkbox"/> Med Storage Hazard <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Electrical Emergency <input type="checkbox"/> Disaster <b>Diet:</b> <input type="checkbox"/> Regular <input type="checkbox"/> ADA <input type="checkbox"/> Cardiac <input type="checkbox"/> Other _____ <b>Functional Limitations:</b> _____ <b>Prescription: Drug (Additional drugs listed on separate attachment, if necessary)</b> <b>Directions</b> <b>Prognosis</b> <input type="checkbox"/> _____ GM    IV Q _____ H    X _____ Days <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> _____    IV Q _____ H    X _____ Days <input type="checkbox"/> Poor <input type="checkbox"/> Guarded <input type="checkbox"/> _____    IV Q _____ H    X _____ Days <b>Adverse Reaction Orders:</b> <input type="checkbox"/> If first dose, check here and include Treatment Guidelines and Physicians Order for Adult Drug Related Adverse Reactions																					
<b>3</b>	<b>Catheter Maintenance, Supply and Nursing Orders:</b> <ul style="list-style-type: none"> <li>• Option Care Health to provide IV catheter maintenance therapy for non-treatment days as needed.</li> <li>• Indicate appropriate flushing protocol by checking the appropriate item(s)</li> <li>• Provide all supplies necessary to administer therapy</li> <li><input type="checkbox"/> Alteplase (Cathflo) 2mg per lumen to dwell, may dispense and repeat x 1 per incident of sluggish/occluded line. Qty: #2</li> <li><input type="checkbox"/> Skilled nurse to train patient/caregiver to self-administer medication, start peripheral line (where required), access/maintain central IV access (where applicable), monitor and treat ADRs, and administer medications as ordered. RN to discontinue venous access at completion of therapy.</li> <li><input type="checkbox"/> RN to pull PICC line at end of therapy</li> <li>• SN Visit Frequency: _____ with _____ PRN Visits for: _____</li> <li>• SN to assess with each patient visit:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Response to Therapy <input type="checkbox"/> Instruction Needs</li> <li><input type="checkbox"/> Compliance <input type="checkbox"/> Home Safety <input type="checkbox"/> Pain Level</li> <li><input type="checkbox"/> Physical Assessment <input type="checkbox"/> Virtual/In Person</li> </ul> </li> </ul>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Indicated Access Device to be Utilized</th> <th style="width: 30%;">NS Flush (0.9% NaCl)</th> <th style="width: 40%;">Heparin</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Peripheral</td> <td><input type="checkbox"/> 2 - 3 ml pre/post use</td> <td><input type="checkbox"/> 1 - 3 ml (heparin 10 units/ml) post-use or every 24 hrs if not used</td> </tr> <tr> <td><input type="checkbox"/> Peripheral-Midline</td> <td><input type="checkbox"/> 3 - 5 ml pre/post use; 5 ml pre/10 ml post lab draw</td> <td><input type="checkbox"/> 3 ml (heparin 10 units/ml) post-use or every 12 hours if not used <input type="checkbox"/> 3 ml (heparin 100 units/ml) post-use or every 24 hrs if not used</td> </tr> <tr> <td><input type="checkbox"/> PICC &amp; Central Tunneled &amp; Non-tunneled</td> <td><input type="checkbox"/> 5 ml pre/post use; 5 ml pre/10 ml post lab draw</td> <td><input type="checkbox"/> 3 ml (heparin 100 units/ml) post-use or every 24 hours if not used <input type="checkbox"/> 5 ml (heparin 10 units/ml) post-use or every 24 hours if not used</td> </tr> <tr> <td><input type="checkbox"/> Implanted Port</td> <td><input type="checkbox"/> 5 - 10 ml pre/post infusion; 10 - 20 ml pre/post lab draw</td> <td><input type="checkbox"/> 3 - 5 ml (heparin 100 units/ml) post-use or every 24 hours if accessed but not used <input type="checkbox"/> 3 - 5 ml (heparin 100 units/ml) flush weekly to monthly if not accessed</td> </tr> <tr> <td><input type="checkbox"/> Valved Catheters: Chest, PICC, Midline</td> <td><input type="checkbox"/> 5 - 10 ml pre/post use; 10 - 20 ml pre/post lab draw; maintenance 5 - 10 ml at least weekly</td> <td style="text-align: center;">N/A</td> </tr> </tbody> </table>	Indicated Access Device to be Utilized	NS Flush (0.9% NaCl)	Heparin	<input type="checkbox"/> Peripheral	<input type="checkbox"/> 2 - 3 ml pre/post use	<input type="checkbox"/> 1 - 3 ml (heparin 10 units/ml) post-use or every 24 hrs if not used	<input type="checkbox"/> Peripheral-Midline	<input type="checkbox"/> 3 - 5 ml pre/post use; 5 ml pre/10 ml post lab draw	<input type="checkbox"/> 3 ml (heparin 10 units/ml) post-use or every 12 hours if not used <input type="checkbox"/> 3 ml (heparin 100 units/ml) post-use or every 24 hrs if not used	<input type="checkbox"/> PICC & Central Tunneled & Non-tunneled	<input type="checkbox"/> 5 ml pre/post use; 5 ml pre/10 ml post lab draw	<input type="checkbox"/> 3 ml (heparin 100 units/ml) post-use or every 24 hours if not used <input type="checkbox"/> 5 ml (heparin 10 units/ml) post-use or every 24 hours if not used	<input type="checkbox"/> Implanted Port	<input type="checkbox"/> 5 - 10 ml pre/post infusion; 10 - 20 ml pre/post lab draw	<input type="checkbox"/> 3 - 5 ml (heparin 100 units/ml) post-use or every 24 hours if accessed but not used <input type="checkbox"/> 3 - 5 ml (heparin 100 units/ml) flush weekly to monthly if not accessed	<input type="checkbox"/> Valved Catheters: Chest, PICC, Midline	<input type="checkbox"/> 5 - 10 ml pre/post use; 10 - 20 ml pre/post lab draw; maintenance 5 - 10 ml at least weekly	N/A		
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<b>4</b>	<b>Lab and Other Orders:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discharge Plans: Discharge from home health services when goals are met and/or therapy completed.</li> <li><input type="checkbox"/> Discharge to care of self / family / caregiver with MD follow-up</li> </ul>																					

**5 Goals:**

- Patient/Caregiver will demonstrate safe administration of Rx therapy. Will achieve  Partial  Complete independence in therapy as applicable.
- Patient/Caregiver will verbalize potential side effects and/or complications of therapy to report and appropriate action as required.
- Patient/Caregiver will demonstrate correct care and maintenance of access device:  IV  Enteral  Subcutaneous  Other: \_\_\_\_\_
- Infusion access device will remain free from infection or other complications.  Resolve/Improve infection(s): \_\_\_\_\_
- Therapy will be tolerated without adverse event  Patient will maintain/improve activity level  Patient will demonstrate improved mobility.
- Nutritional status  Fluid/electrolyte balance will be maintained/improved as evidenced by labs WNL, weight stabilization and/or improved clinical condition.  Patient's HAE symptoms shall be adequately controlled with adverse reaction prevented or recognized and minimized.
- Patient's pain level, on a scale of 0 - 10, will be at an acceptable level to the patient of: \_\_\_\_\_
- Other: \_\_\_\_\_

*I certify that the use of the indicated treatment is medically necessary.*

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Prescriber Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Prescriber NPI: \_\_\_\_\_  
Office Contact: \_\_\_\_\_  
Direct Contact Number/Extension: \_\_\_\_\_

**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 don't require authorization. You are obligated to maintain 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 or 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 applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.