



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

Treatment Guidelines and Prescriber's Order for Adverse Drug Reactions

Patient: _____ DOB: _____ Gender: _____ Wt: _____ lbs. Date: _____

Mild Localized Reaction	Moderate Generalized Reaction
<ul style="list-style-type: none"> Pruritus or rash 	<ul style="list-style-type: none"> Chest tightness without dyspnea/wheezing Elevated temperature with rigors Flushing with throat tightness Hives without respiratory difficulty Hypertension or hypotension Shortness of breath Wheezing w/o dyspnea

Treatment Guidelines	
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<ul style="list-style-type: none"> Slow infusion rate to KVO If >25 kg May give Diphenhydramine 25 - 50 mg Indicate route: <input type="checkbox"/> Orally <input type="checkbox"/> IV Push or IM If <10 kg May give Diphenhydramine 1.25 mg/kg/dose Indicate Route: <input type="checkbox"/> Orally may repeat dose in 30 min x 1 prn. <input type="checkbox"/> IV Push or IM may repeat dose in 15 min x 1 prn If >10 kg May give Diphenhydramine 25 mg Indicate Route: <input type="checkbox"/> Orally may repeat dose in 30 min x 1 prn. <input type="checkbox"/> IV Push or IM may repeat dose in 15 min x 1 prn Other: _____ Monitor vital signs every 10 minutes If >25 kg Increase infusion rate as tolerated If < 25 kg Call Prescribers and discuss resuming infusion rate at one half and increase as tolerated if applicable 	<ul style="list-style-type: none"> Stop infusion If >25 kg May give Diphenhydramine 50 mg IV push or IM If <10 kg May give Diphenhydramine 1.25 mg/kg/dose, IV Push or IM may repeat dose in 15 min x 1 prn If >10 kg May give Diphenhydramine 25 mg IV Push or IM. May repeat dose in 15 min x 1 prn Other: _____ Monitor vital signs every 10 minutes If >25 kg Resume infusion if tolerated If <10 kg Call Physician and discuss resuming infusion at one half rate and increase as tolerated if applicable
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Prophylaxis for Subsequent Doses	
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<ul style="list-style-type: none"> If >25 kg Premedicate with: Diphenhydramine 25 - 50 mg orally or IV Push If <10 kg May pre-treat with Diphenhydramine 1.25 mg/kg/dose orally or IV Push. If >10 kg May pre-treat with Diphenhydramine 25 mg orally or IV Push Continue infusion and monitoring for S&S of adverse reaction Other: _____ 	<ul style="list-style-type: none"> If >25 kg Premedicate with: Diphenhydramine 25 - 50 mg orally or IV Push If <10 kg May pre-treat with Diphenhydramine 1.25 mg/kg/dose orally or IV Push. If >10 kg May pre-treat with Diphenhydramine 25 mg orally or IV Push Infusion may be continued at home or infusion center/MD office Other: _____
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Patients with mild localized reactions may continue infusions at home with proper anaphylaxis treatment kit available in the home. Patients who develop severe reaction shall have subsequent infusions at a prescriber's office or other controlled setting.

Orders Received by: _____ Date: _____

Prescriber's Name: _____

Prescriber's Signature: _____ Date: _____