

Patient Name _____ DOB _____ Phone # _____

Ht _____ Wt _____ Allergies _____

Diagnosis (for this treatment) _____ Appointment Date/Time _____

Blood Transfusion

Draw blood type and crossmatch

Patient has medport

Transfuse packed red blood cells: 1 unit; or 2 units

Transfuse platelets: 1 unit; or 2 units

0.9% NaCl 250 ml, volume as needed to administer blood

Premeds (all one time doses)

Acetaminophen 1,000 mg PO Diphenhydramine 25 mg IVP Furosemide 20 mg IVP (do not give if SBP < 100)

Methylprednisolone 125 mg IVP (do not give if diabetic)

Other (include drug dose and route for complete order): _____

PICC/Midline Orders

PICC or Midline: Insert Exchange Discontinue

Discontinue PICC/Midline after last dose

PICC/Midline dressing change weekly, Nurse assessment CPT 99211

Baseline Labs _____

Medport

Needle/Dressing change and/or maintenance

Lidocaine 1% 2 ml intradermal PRN for comfort

Heparin 500 units IVP per lumen PRN for maintenance

Medication Orders (one-time orders unless otherwise specified)

Alteplase (Cathflo) 2 mg IVP if needed for no blood return on PICC/Medport; may repeat x 1

Other (include drug dose and route for complete order) _____

Miscellaneous Orders

Therapeutic Phlebotomy Remove _____ ml; frequency _____

Saline lock insertion, gauge needed _____; Lidocaine 1% 2 ml intradermal PRN for comfort

Lumbar puncture - CPT 62328

Labs (with frequency) _____

Other _____

Date (required) _____ Time (required) _____

Physician Signature (required) _____

Physician Name Printed _____



640B

Patient Name