ArrIVe INFUSION THERAPY

An Outpatient Department of Trinity Health Oakland
9400 Village Place Blvd, Brighton, MI 48116
Phone: 810-844-7373
Fax: 810-844-7366

IV Hydration and Electrolytes

Along with this order form, please include the following: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. ArrIVe Infusion will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: ____/____/____

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____
Patient Address: _____
Patient Phone Number: _____
Date of Birth: ____/____/____
Weight: _____kg **Height:** _____cm
Allergies: _____

Primary Insurance: _____
Member ID: _____
Secondary Insurance: _____
Member ID: _____

Diagnosis

Diagnosis Code (ICD-10): Other _____
Indication: _____
Target start date: _____

Labs

☐ Basic Metabolic Panel ☐ Once
☐ Magnesium ☐ Daily
☐ CBC ☐ Weekly
☐ Other: _____ ☐ Other: _____

Standard Infusion

Normal Saline
☐ Sodium chloride 0.9%
☐ Sodium chloride 0.9% with KCl 20 mEq/L
☐ Sodium chloride 0.9% with KCl 40 mEq/L

Dextrose-containing solutions
☐ Dextrose 5%
☐ Dextrose 5% and sodium chloride 0.45%
☐ Dextrose 5% and lactated ringer's
☐ Lactated Ringer's
☐ Other fluid: _____ ☐ _____ml
Volume to be administered: _____ml over _____hr

Electrolyte Replacement
☐ Calcium gluconate injection _____ g (rate: 1g/hr)
☐ Potassium chloride IVPB _____ mEq (rate: 10meq/hr)
☐ Magnesium sulfate IV _____ g (rate: 1g/hr)

Custom Infusion

Base:
☐ Sodium chloride 0.9%
☐ Sodium chloride 0.9%
☐ Dextrose 5% (D5W)
☐ D5W and sodium chloride 0.2%
☐ Dextrose 5 % and sodium chloride 0.45 %
☐ Dextrose 5 % and sodium chloride 0.9 %
☐ Lactated Ringer's

Additive(s): [Per Infusion Visit]
☐ MVI 10 ml
☐ Potassium chloride ☐ 20meq ☐ 40mEq
☐ Thiamine ☐ 100 mg ☐ 200 mg
☐ Folic Acid 1 mg
☐ Magnesium sulfate ☐ 1g ☐ 2g
☐ Calcium gluconate _____ g
☐ Pyridoxine _____ g
Volume to be administered: _____ml over _____hr

Frequency

☐ Daily (Monday- Friday) x ____doses ☐ Tuesday and Thursday x ____ doses ☐ Monday, Wednesday, and Friday x ____ doses
☐ Once ☐ Other: _____

ArrIVe INFUSION THERAPY

An Outpatient Department of Trinity Health Oakland
9400 Village Place Blvd, Brighton, MI 48116
Phone: 810-844-7373
Fax: 810-844-7366

Flushing Protocol (pre and post medication)	☐ Sodium Chloride 0.9% ☐ 5 mL ☐ 10 mL as needed for line care	☐ Heparin _____Units/mL _____mL as needed for line care
Hypersensitivity Panel Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy as necessary	• **Sodium chloride** 0.9% bolus 500 mL once as needed for hypotensive management (SBP <90mmHg) • **Acetaminophen** 650 mg once as needed for temperature GREATER than 38 C (100.4 F), headaches, generalized pain, back pain, abdominal cramping • **Albuterol** 2.5 mg /3 mL (0.083%) nebulizer solution 2.5 mg, nebulize every 10 min PRN, hypoxemia, bronchospasm, wheezing, dyspnea, for 2 doses • **Albuterol HFA** inhaler 2 puffs q4hs as needed for hypoxemia, bronchospasm, wheezing, dyspnea • **Epinephrine** injection 0.3 mg IM every 15 minutes as needed for SBP less than 90mmHg, mild to moderate anaphylaxis for 3 doses • **Famotidine** injection 20 mg IV over 2 minutes once as needed for severe hypersensitivity/infusion reaction including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • **Diphenhydramine** injection 25 mg IV over 1 minute once as needed, moderate hypersensitivity/infusion reaction (grade 2) including temperature greater than 100.5, rigors, localized rash/hives, vomiting, nausea, pruritis, flushing, dizziness, back pain, abdominal cramping, uneasiness, agitation, feeling of impending doom • **Diphenhydramine** injection 50 mg IV over 1 minute once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • **Hydrocortisone** sodium succinate injection 100 mg IV once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure	

Provider Name: _____ Provider Signature: _____

Attending Physician Name: _____ Provider NPI: _____

Office Phone Number: _____ Office Fax Number: _____

(If ordering provider is an advanced practice practitioner)
Note: This order is valid for 12 months from date of physician signature.

Submit