FLEXCARE INFUSION CENTER
1001 West Memorial, Suite 112
Oklahoma City, OK 73114
PH: (405) 571-3053
FlexCareInfusion.com

Please fax completed referral form to Flexcare:
(888) 219-8102

Your Infusion Specialist Field Contact: Cam Jones,
(443) 221-9233

IVIG THERAPY REFERRAL FORM

PATIENT DEMOGRAPHICS:

PATIENT NAME:
DATE OF REFERRAL:
SOCIAL SECURITY NUMBER:
DATE OF BIRTH:
PREFERRED CONTACT #:
SECONDARY CONTACT #:
ADDRESS:
CITY, STATE, ZIP:

PRIMARY DIAGNOSIS:

ICD-IO CODE:

PATIENT INFORMATION:

ALLERGIES: NKDA ☐
HEIGHT:____ Ft ____ In WEIGHT:____Lb or ____ Kg
GENDER: ☐ F ☐ M
FIRST DOSE: ☐ Y ☐ N
DATE OF LAST INFUSION:
NEXT DOSE DUE BY:
LINE TYPE:
OTHER:

REQUIRED DOCUMENTATION: Please provide a copy of the following documents.

☑ 1. INSURANCE CARD (Front & Back) ☑ 2. PATIENT DEMOGRAPHICS ☑ 3. MOST RECENT LABS ☑ 4. H & P

PRIMARY MEDICATION ORDER:

Please include MEDICATION, DOSE, FREQUENCY, DURATION and any ADDITIONAL administration INSTRUCTIONS specific to the primary therapy.

If weight-based dosing, dose on the patients:
☐ ACTUAL BODY WEIGHT ☐ IDEAL BODY WEIGHT

Round up to nearest vial size?
☐ YES ☐ NO

PRN & PREMEDICATIONS:

MEDICATIONS	30 minutes prior every infusion	PRN
Acetaminophen ____ 1000mg PO	☐	☐ PRN every ____ hours for mild infusion reaction.
Diphenhydramine ____ mg PO	☐	☐ PRN every ____ hours for mild infusion reaction.
Diphenhydramine ____ mg diluted in 10mL 0.9% NaCl slow IV push over 2-3 minutes.	☐	☐ PRN every ____ hours for mild infusion reaction.
Methylprednisolone ____ mg IV push over 5 minutes.	☐	
Normal Saline ____mL over ____ min PRN or prior to every infusion.	☐	

Other:

LINE USE/CARE ORDERS:

☐ START PIV/ACCESS CVC ☐ FLUSH DEVICE PER FLEXCARE INFUSION POLICY & PROCEDURE (See Reverse Side)
☐ OTHER FLUSH ORDERS:

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

☐ ADMINISTER ACUTE INFUSION AND ANAPHYLAXIS MEDICATIONS PER FLEXCARE INFUSION POLICY AND PROCEDURE (See Reverse Side)

☐ OTHER: (please fax other reaction orders if checking this box)

PRESCRIBER INFORMATION:

PHYSICIAN NAME:
OFFICE CONTACT:
ADDRESS:
CITY, STATE, ZIP:
PHONE:
FAX:
LICENSE #:
NPI:

PHYSICIAN SIGNATURE: DATE:

FLEXCARE INFUSION CENTER'S ACUTE & ANAPHYLAXIS MEDICATION PROTOCOL:

**This graph does not reflect non-medicinal interventions that are part of FlexCare's protocol, such as slowing or stopping the infusion and physician/911 notification.*

	MILD INFUSION REACTION	MODERATE INFUSION REACTION	SEVERE INFUSION REACTION/ANAPHYLAXIS
SYMPTOM CLASSIFICATION	• Flushing • Dizziness • Headache • Apprehension • Diaphoresis • Palpitations • Nasuea / Vlmiting • Pruritis	• Chest Tightness • Shortness of Breath • Hypo/hypertension (>20 mmHg Change in Systolic BP from Baseline) • Increased Temperature (>2 Degrees Fahrenheit • Urticaria	• Hypo/hypertension (>40 mmHg Change in Systolic BP from Baseline). • Increase Temperature (>2 Degrees Fahrenheit) with Rigors • Shortness of Breath with Wheezing • Laryngeal Edema • Chest Pain • Hypoxemia
TREATMENT PROTOCOL FOR ADULTS >66LBS	☒ Administer PRN medications per Physician order	☒ Administer PRN medications per Physician order	☒ Apply oxygen via ambu bag or high flow nasal canula, if vomiting. ☒ Administer 0.9% NaCl 500 mL at 125mL/hr to maintain IV access. ☒ Administer diphenhydramine 50 mg IV or IM Inject epinephrine 0.3mg/0.3 mL IM into the mid-anterolateral aspect of the thigh; repeat in 5-15 minutes if needed. ☒ Administer 0.9%NaCl 1000mL bolus for an incomplete response to IM epinephrine. May repeat x1.
TREATMENT PROTOCOL FOR CHILDREN 33LBS - 66LBS	☒ Administer PRN medications per Physician order	☒ Administer PRN medications per Physician order	☒ Apply oxygen via ambu bag or high flow nasal canula, if vomiting. ☒ Administer 0.9% NaCl 500mL at 75mL/hr to maintain IV access. ☒ Administer diphenhydramine 1-2 mg/kg IM or slow IVP not to exceed 25 mg/min ☒ Inject epinephrine 0.15mg/0.15 mL IM into the mid-anterolateral aspect of the thigh; repeat in 5-15 minutes if needed. ☒ Administer 0.9% NaCl bolus 20mL/kg for an incomplete response to IM epinephrine. May repeat x1.

FOR CHILDREN < 33 LBS FLEXCARE INFUSION UTILIZES THE REACTION ORDERS OBTAINED BY THE REFERRING PHYSICIAN.

FLUSHING PROTOCOLS

		FLUSHING PROTOCOL Normal Saline* 0.9% Sodium Chloride			LOCKING PROTOCOL Heparin Sodium	
					10 Units/mL	100 Units/mL
PATIENT CLASSIFICATON	**LINE TYPE**	**PRE-ADMIN**	**POST ADMIN**	**POST LAB DRAW**	**POST NS FLUSH***	
ADULT >66 LBS	Peripheral IV Catheter	3 mL	3 mL		3 mL	
	Midline	3 mL	3 mL		3 mL	
	Implanted Port	5 mL	10 mL	10 mL		5 mL
	Peripherally Inserted Central Catheters (PICC)	5 mL	10 mL	10 mL	5 mL	
	Tunneled & non-Tunneled Catheters.	5 mL	10 mL	10 mL	5 mL	
PEDIATRIC 33 LBS - 66LBS	Peripheral IV Catheter	3 mL	3 mL		3 mL	
	Midline	3 mL	3 mL		3 mL	
	Implanted Port	5 mL	5 mL	10 mL	3 mL	
	Peripherally Inserted Central Catheter (PICC)	5 mL	5 mL	10 mL	3 mL	
	Tunneled & non-Tunneled Catheters.	5 mL	5 mL	10 mL	3 mL	

FOR CHILDREN <33 LBS, FLEXCARE INFUSION UTILIZES THE FLUSHING ORDERS OBTAINED BY THE REFERRING PHYSICIAN.

**0.9% NS will be substituted with Dextrose 5% or alternative only when indicated due to medication incompatibility with NS.*