FLEXCARE INFUSION CENTER

Please mark closest FlexCare location:
☐ Oklahoma City, OK ☐ Norman, OK
☐ Tulsa, OK ☐ Birmingham, AL

Fax: (888) 219-8102 PH: (405) 509-6599
Email: orders@flexcareinfusion.com
Visit: flexcareinfusion.com/referrals
Contact: Cam Jones, Infusion Specialist
(443) 221-9233

OSTEOPOROSIS INFUSION THERAPY REFERRAL FORM

PATIENT DEMOGRAPHICS:

PATIENT NAME: _____ PREFERRED CONTACT #: _____

DATE OF REFERRAL: _____ SECONDARY CONTACT #: _____

SOCIAL SECURITY NUMBER: _____ ADDRESS: _____

DATE OF BIRTH: _____ 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 NEXT DOSE DUE BY: _____

DATE OF LAST INJECTION: _____

ACCESS/LINE TYPE: ☐ PIV ☐ PORT ☐ PICC ☐ MIDLINE

REQUIRED DOCUMENTATION:

☐ Insurance Card (Front & Back) ☐ Current Medication List ☐ Bone Scan ☐ Most Recent Labs Including Ca+ level within the past 3 months

☐ Patient Demographics ☐ H & P

PRIMARY MEDICATION ORDER:

☐ **PROLIA** 60mg subcutaneously, every 6 months

☐ **EVENITY** 210mg subcutaneously monthly (2 x 105mg pre-filled syringes)

PRN AND PREMEDICATIONS:

	Prior to every injection	PRN
Acetaminophen ____ mg PO	☐	☐ PRN every ____ hours after injection.
Diphenhydramine ____ mg PO	☐	☐ PRN every ____ hours after injection.
Other: _____	☐	☐ PRN every ____ hours after injection.
_____		
_____		

LABS:

☐ Calcium
☐ Other:

FREQUENCY: _____

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

☐ ADMINISTER ACUTE INFUSION AND ANAPHYLAXIS MEDICATIONS PER FLEXCARE INFUSION POLICY AND PROCEDURE (See Reverse Side)
*While reactions from injectable medications are rare, should a serious reaction occur, a clinician will obtain IV access and follow the referenced protocol)

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

PRESCRIBER INFORMATION:

PHYSICIAN NAME: _____ PHONE: _____

OFFICE CONTACT: _____ FAX: _____

ADDRESS: _____ LICENSE #: _____

CITY, STATE, ZIP: _____ NPI: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

OSTEOPOROSIS INFUSION THERAPY REFERRAL FORM

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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 • Nausea / Vomiting • 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.*