

OSTEOPOROSIS 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: <input type="checkbox"/> NKDA <input type="checkbox"/>	FIRST DOSE: <input type="checkbox"/> Y <input type="checkbox"/> N NEXT DOSE DUE BY:
HEIGHT: ___ Ft ___ In WEIGHT: ___ Lb or ___ Kg	DATE OF LAST INJECTION:
GENDER: <input type="checkbox"/> F <input type="checkbox"/> M	ACCESS/LINE TYPE: <input type="checkbox"/> PIV <input type="checkbox"/> PORT <input type="checkbox"/> PICC <input type="checkbox"/> 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: PRN AND PREMEDICATIONS:

<input type="checkbox"/> PROLIA 60mg subcutaneously, every 6 months <input type="checkbox"/> EVENITY 210mg subcutaneously monthly (2 x 105mg pre-filled syringes)	Acetaminophen ___ mg PO	Prior every injection	PRN
	Diphenhydramine ___ mg PO	<input type="checkbox"/>	<input type="checkbox"/> PRN every ___ hours after injection.
	Other	<input type="checkbox"/>	<input type="checkbox"/> PRN every ___ hours after injection.

LABS: ADVERSE REACTION & ANAPHYLAXIS ORDERS:

<input type="checkbox"/> Calcium <input type="checkbox"/> Other: FREQUENCY: _____	<input type="checkbox"/> ADMINISTER ACUTE INFUSION AND ANAPHYLAXIS MEDICATIONS PER FLEXCARE INFUSION POLICY AND PROCEDURE (See Reverse Side) <small>*While reactions from injectable medications are rare, should a serious reaction occur, a clinician will obtain IV access and follow the referenced protocol)</small> <input type="checkbox"/> OTHER: (please fax other reaction orders if checking this box)
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PRESCRIBER INFORMATION:

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

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 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	<ul style="list-style-type: none"> Flushing Dizziness Headache Apprehension Diaphoresis Palpitations Nausea / Vomiting Pruritis 	<ul style="list-style-type: none"> Chest Tightness Shortness of Breath Hypo/hypertension (>20 mmHg Change in Systolic BP from Baseline) Increased Temperature (>2 Degrees Fahrenheit) Urticaria 	<ul style="list-style-type: none"> 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	<input checked="" type="checkbox"/> Administer PRN medications per Physician order	<input checked="" type="checkbox"/> Administer PRN medications per Physician order	<input checked="" type="checkbox"/> Apply oxygen via ambu bag or high flow nasal canula, if vomiting. <input checked="" type="checkbox"/> Administer 0.9% NaCl 500 mL at 125mL/hr to maintain IV access. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Administer 0.9%NaCl 1000mL bolus for an incomplete response to IM epinephrine. May repeat x1.
TREATMENT PROTOCOL FOR CHILDREN 33LBS - 66LBS	<input checked="" type="checkbox"/> Administer PRN medications per Physician order	<input checked="" type="checkbox"/> Administer PRN medications per Physician order	<input checked="" type="checkbox"/> Apply oxygen via ambu bag or high flow nasal canula, if vomiting. <input checked="" type="checkbox"/> Administer 0.9% NaCl 500mL at 75mL/hr to maintain IV access. <input checked="" type="checkbox"/> Administer diphenhydramine 1-2 mg/kg IM or slow IVP not to exceed 25 mg/min <input checked="" type="checkbox"/> Inject epinephrine 0.15mg/0.15 mL IM into the mid- anterolateral aspect of the thigh; repeat in 5-15 minutes if needed. <input checked="" type="checkbox"/> 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

PATIENT CLASSIFICATION	LINE TYPE	FLUSHING PROTOCOL Normal Saline*			LOCKING PROTOCOL Heparin Sodium	
		PRE-ADMIN	POST ADMIN	POST LAB DRAW	10 Units/mL	100 Units/mL
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.*