

VYEPTI REFERRAL FORM

PATIENT DEMOGRAPHICS:				
PATIENT NAME:		PATIENT'S CONTACT #:		
DATE OF REFERRAL:		ADDRESS:		
DATE OF BIRTH:		CITY, STATE, ZIP:		
FOR COPAY ASSISTANCE, PLEASE PROVIDE LAST 4 OF SSN:				
HEIGHT: _____ FEET	_____ INCHES	GENDER: FEMALE	MALE	
WEIGHT: _____ LB	or _____ KG	ALLERGIES: SEE LIST	NKDA	
PRIMARY DIAGNOSIS:				
ICD-10 CODE: G43.0 Migraine without Aura G43.10 Migraine with Aura, not intractable G43.40 Hemiplegic Migraine, not intractable				
G43.411 Hemiplegic Migraine, intractable G43.70 Chronic Migraine without Aura, not intractable				
G43.711 Chronic Migraine without Aura, intractable, with status migrainosus G43.90 Migraine, Unspecified, Not intractable				
Other				
REQUIRED DOCUMENTATION: Please provide a copy of the following documents.				
<input checked="" type="checkbox"/> 1. INSURANCE CARD (Front & Back) <input checked="" type="checkbox"/> 2. PATIENT DEMOGRAPHICS <input checked="" type="checkbox"/> 3. MOST RECENT LABS <input checked="" type="checkbox"/> 4. MEDICATION LIST				
<input checked="" type="checkbox"/> 5. H & P <input checked="" type="checkbox"/> 6. TRIED/FAILED THERAPIES				
PRIMARY MEDICATION ORDER:		PRN & PREMEDICATIONS:		
Please include MEDICATION, DOSE, FREQUENCY, DURATION and any ADDITIONAL administration INSTRUCTIONS specific to the primary therapy.		MEDICATIONS	30 minutes prior to every infusion	
		PRN		
		Acetaminophen 650 mg PO		PRN every ___ hour for mild or moderate infusion reaction.
		Diphenhydramine 25 mg PO		PRN every ___ hour for mild or moderate infusion reaction.
		Diphenhydramine 25 mg IV		PRN every ___ hour for mild or moderate infusion reaction.
		Methylprednisolone 125 mg IV		PRN every ___ hour for mild or moderate infusion reaction.
FIRST DOSE: Y N <input checked="" type="checkbox"/> Refill x12 months unless otherwise noted.		Other: _____	PRN every ___ hour for mild or moderate infusion reaction.	
LINE USE/CARE ORDERS:		ADVERSE REACTION & ANAPHYLAXIS ORDERS:		
<input checked="" type="checkbox"/> START PIV/ACCESS CVC <input checked="" type="checkbox"/> FLUSH DEVICE PER FLEXCARE INFUSION POLICY & PROCEDURE (SEE REVERSE SIDE) OTHER FLUSH ORDERS: (please fax other reaction orders if checking this box)		<input checked="" type="checkbox"/> 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: Please check preferred form of communication.				
PHYSICIAN NAME:		PHONE:		
OFFICE CONTACT:		FAX:		
ADDRESS:		EMAIL:		
CITY, STATE, ZIP:		NPI:		
_____ (GENERIC SUBSTITUTION PERMITTED) PHYSICIAN SIGNATURE:		DATE:		
_____ (DISPENSE AS WRITTEN) PHYSICIAN SIGNATURE:		DATE:		

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FLEXCARE INFUSION CENTER'S ACUTE & ANAPHYLAXIS MEDICATION PROTOCOL:

**This table 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 Pruitis 	<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 midanterolateral 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 - 66 LBS	<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 25mg/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

		FLUSHING PROTOCOL Normal Saline*		LOCKING PROTOCOL Heparin Sodium	
		0.9% Sodium Chloride		10 Units/mL	100 Units/mL
PATIENT CLASSIFICATION	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 - 66 LBS	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 Catheters (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.