



Oregon Health & Science University  
Hospital and Clinics Provider's Orders

PO7071



ADULT AMBULATORY INFUSION ORDER  
**Antiviral Therapy**

Page 1 of 3

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.**

Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm

Allergies: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_ Patient to follow up with provider on date: \_\_\_\_\_

**\*\*This plan will expire after 365 days at which time a new order will need to be placed\*\***

**GUIDELINES FOR ORDERING**

1. Send **FACE SHEET and H&P or most recent chart note.**
2. If using this order form to request antivirals from a home health agency, specify interval and duration of therapy at the bottom of the order. May use ambulatory InfuSystem™ pump for antiviral administration if needed.
3. Foscarnet is reserved for ganciclovir-resistant CMV, and should not be used for CMV prophylaxis or pre-emptive treatment.
4. Both ganciclovir and foscarnet should be dose adjusted for renal impairment. Please contact pharmacist for dose adjustments when CrCl is less than 70 mL/min.

**LABS:**

- CBC with differential, Routine, ONCE, every \_\_\_\_\_ (visit)(days)(weeks)(months) – Circle One
- CMP, Routine, ONCE, every \_\_\_\_\_ (visit)(days)(weeks)(months) – Circle One
- Labs already drawn. Date: \_\_\_\_\_

**MEDICATIONS:**

**ganciclovir (CYTOVENE) in sodium chloride 0.9% 100 mL, intravenous, ONCE, over 60 minutes**

**Induction**

- 5 mg/kg
- 2.5 mg/kg
- 1.25 mg/kg

**Interval**

- ONCE
- Daily x \_\_\_\_\_ doses
- Every \_\_\_\_\_ days x \_\_\_\_\_

**Maintenance**

- 5 mg/kg
- 2.5 mg/kg
- 1.25 mg/kg

**Interval**

- ONCE
- Daily x \_\_\_\_\_ doses
- Every \_\_\_\_\_ days x \_\_\_\_\_



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**foscarnet (FOSCAVIR) in sodium chloride 0.9%, intravenous, ONCE**

**Induction**

- 90 mg/kg
- \_\_\_\_\_ mg/kg

**Interval**

- ONCE
- Daily x \_\_\_\_\_ doses
- Every \_\_\_\_\_ days x \_\_\_\_\_

**Maintenance**

- 120 mg/kg
- \_\_\_\_\_ mg/kg

**Interval**

- ONCE
- Daily x \_\_\_\_\_ doses
- Every \_\_\_\_\_ days x \_\_\_\_\_

**Infuse through: (must check one)**

- Central line (concentration 24 mg/mL, over 1-2 hours)
- Peripheral line (concentration 12 mg/mL, over at least 1 hour)

**Hydration:**

- sodium chloride 0.9% 1000 mL, intravenous, over 1 hour, prior to initial foscarnet dose or over 1-2 hours during subsequent doses

**NURSING ORDERS:**

1. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes

**FOR InfuSystem™ AMBULATORY PUMP USE (hook up at infusion location):**

**Frequency:**

- Q6H
- Q8H
- Q12H
- Daily
- Once every \_\_\_\_\_ days
- Continuous infusion, rate: \_\_\_\_\_ per \_\_\_\_\_

**Duration:**

- \_\_\_\_\_ days



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**By signing below, I represent the following:**

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in:  Oregon  \_\_\_\_\_ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

**My physician license Number is # \_\_\_\_\_ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION);** and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Central Intake:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

**Please check the appropriate box for the patient's preferred clinic location:**

**Beaverton**

OHSU Knight Cancer Institute  
15700 SW Greystone Court  
Beaverton, OR 97006  
Phone number: 971-262-9000  
Fax number: 503-346-8058

**NW Portland**

Legacy Good Samaritan campus  
Medical Office Building 3, Suite 150  
1130 NW 22nd Ave  
Portland, OR 97210  
Phone number: 971-262-9600  
Fax number: 503-346-8058

**Gresham**

Legacy Mount Hood campus  
Medical Office Building 3, Suite 140  
24988 SE Stark  
Gresham, OR 97030  
Phone number: 971-262-9500  
Fax number: 503-346-8058

**Tualatin**

Legacy Meridian Park campus  
Medical Office Building 2, Suite 140  
19260 SW 65th Ave  
Tualatin, OR 97062  
Phone number: 971-262-9700  
Fax number: 503-346-8058

Infusion orders located at: [www.ohsuknight.com/infusionorders](http://www.ohsuknight.com/infusionorders)