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. Use Separate order sheet for home infusion
3. If using this order form to request antibiotics from a home health agency, specify interval and duration of therapy at the bottom of the order. May use ambulatory InfuSystem™ pump for antibiotic administration if needed.
4. Order culture and sensitivity tests as necessary.

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:

Penicillins:

Ampicillin
☐ 1000 mg in NaCl 0.9% 50 mL, intravenous, ONCE over 15-20 minutes
☐ 2000 mg in NaCl 0.9% 100 mL intravenous, ONCE over 15-20 minutes

Nafcillin
☐ 1 gram in NaCl 0.9% 100 mL intravenous, ONCE over 30-60 minutes
☐ 2 grams in NaCl 0.9% 100 mL intravenous, ONCE over 30-60 minutes
☐ _____ grams in NaCl 0.9% _______ mL, intravenous, continuous infusion

Penicillin G potassium (PFIZERPEN) intravenous
☐ _____ million units in NaCl 0.9% 100 mL, ONCE over 1-2 hours
☐ _____ million units in NaCl 0.9% _______ mL, continuous infusion

Penicillin G benzathine (BICILLIN L-A) intramuscular
☐ 600,000 units as a single dose
☐ 1.2 million units as a single dose
☐ 2.4 million units as a single dose

Interval: (must check one)
☐ ONCE
☐ Daily x _________ doses
Penicillins (continued):

Piperacillin/Tazobactam
- 2.25 grams in NaCl 0.9% 100 mL, intravenous, ONCE over 30 minutes
- 3.375 grams in NaCl 0.9% 100 mL, intravenous, ONCE over 30 minutes
- 4.5 grams in NaCl 0.9% 100 mL, intravenous, ONCE over 30 minutes
- ___________ grams in NaCl 0.9% ______ mL, intravenous, continuous infusion

Interval: (must check one)
- ONCE
- Daily x ________ doses

Carbapenems:

Ertapenem
- 1 gram in NaCl 0.9% 100 mL, intravenous, ONCE over 30 minutes

Meropenem
- 500 mg in NaCl 0.9% 100 mL, intravenous, ONCE over 15-30 minutes
- 1 gram in NaCl 0.9% 100 mL, intravenous, ONCE over 15-30 minutes

Interval: (must check one)
- ONCE
- Daily x ________ doses

FOR InfuSystem™ AMBULATORY PUMP USE (hook up at infusion location):
Frequency:
- Q6H
- Q8H
- Q12H
- Daily
- Once every _____ days
- Continuous infusion, rate: __________ per ________

Duration:
- ________ days

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

OLC Central Intake Nurse:
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