
 <div style="text-align: center;"> Oregon Health & Science University Hospital and Clinics Provider's Orders </div> <div style="text-align: center; margin-top: 10px;">  </div> <div style="text-align: center; margin-top: 10px;"> <small>ADULT AMBULATORY INFUSION ORDER</small> Alteplase (t-PA) Infusion for Central Venous Catheters <small>Page 1 of 2</small> </div>	<div style="margin-top: 10px;"> ACCOUNT NO. MED. REC. NO. NAME BIRTHDATE </div> <div style="text-align: right; margin-top: 20px; font-size: small;"> <i>Patient Identification</i> </div>
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. This plan is intended for patients with line access challenges after all other delegation protocols have been attempted.

NURSING ORDERS:

1. Refer to nursing and IV therapy guidelines for care of central venous catheters.
2. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, dec clotting (alteplase), and/or dressing changes.

MEDICATIONS:

- ☐ alteplase (ACTIVASE) 2 mg in sodium chloride 0.9% infusion, 100 mL, intracatheter, ONCE over 4 hours (Maximum of 4 mg total in all lumens)

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction



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

ADULT AMBULATORY INFUSION ORDER
**Alteplase (t-PA) Infusion for Central
Venous Catheters**

Page 2 of 2

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

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

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:** _____

INFUSION REFERRAL TEAM Phone (providers only) (971) 262-9645 Fax completed orders to (503) 346-8058 <i>Infusion orders located at:</i> www.ohsuknight.com/infusionorders	<input checked="" type="checkbox"/> Please indicate the patient's preferred clinic location below	
	<input type="checkbox"/> BEAVERTON OHSU Knight Cancer Institute	15700 SW Greystone Court Beaverton OR 97006
	<input type="checkbox"/> NW PORTLAND Legacy Good Samaritan campus	Medical Office Building 3 – Suite 150 1130 NW 22nd Ave, Portland OR 97210
	<input type="checkbox"/> GRESHAM Legacy Mount Hood campus	Medical Office Building 3 – Suite 140 24988 SE Stark, Gresham OR 97030
	<input type="checkbox"/> TUALATIN Legacy Meridian Park campus	Medical Office Building 2 – Suite 140 19260 SW 65th Ave, Tualatin OR 97062