



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

PO7071



ADULT AMBULATORY INFUSION ORDER  
**Factor, Antithrombotics, and  
Albumin**

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

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

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. Medications may require a 24 hour turn-around time before they are available at specific clinic locations. Please consider contacting the clinic pharmacist to determine availability prior to scheduling patient.

#### MEDICATIONS:

**Factor:** (*Pharmacist will use most recent weight and round dose to the nearest vial*)

Antihemophilic Factor – VWF (HUMATE-P) \_\_\_\_\_ units/kg, intravenous, ONCE (dosing based on international units of vWF)  
 Antihemophilic Factor VIII (recomb) (RECOMBINATE) \_\_\_\_\_ units/kg, intravenous, ONCE

**Interval:** (*must check one*)

Once  
 Daily x \_\_\_\_\_ doses  
 Every \_\_\_\_\_ days x \_\_\_\_\_ doses

**Antithrombotics:**

Enoxaparin \_\_\_\_\_ mg, subcutaneous, ONCE (pharmacist will round dose during order verification)  
 Fondaparinux \_\_\_\_\_ mg, subcutaneous, ONCE

**Interval:** (*must check one*)

Once  
 Daily x \_\_\_\_\_ doses  
 Every \_\_\_\_\_ days x \_\_\_\_\_ doses

**Albumin:** (*pharmacist will round dose during order verification*)

Albumin 5% \_\_\_\_\_ grams/kg = \_\_\_\_\_ grams, intravenous, ONCE  
 Albumin 25% \_\_\_\_\_ grams/kg = \_\_\_\_\_ grams, intravenous, ONCE

#### NURSING ORDERS:

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



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**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

**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: \_\_\_\_\_



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**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)