1922 Highway 22 W, Suite A, Madisonville, LA 70447

Phone: 985-792-9001 Toll free: 833-285-5500
Fax: 985-792-9004 Toll free: 833-235-1686

Patient Name: ______________________________

Date of Birth: ______________ Wt: _______ Ht: _______

IV Access: ______________________________

Allergies: ______________________________

Order Form

- **Orders are initiated unless crossed out by provider.**

Please complete this form and fax to **833-235-1686**. Feel free to call our office at **833-285-5500** and one of our clinical pharmacists will be happy to make therapy recommendations.

Diagnoses:

______________________________ ICD-10: ______________

______________________________ ICD-10: ______________

______________________________ ICD-10: ______________

Medication Orders:

- Medication /Dose : ______________________________ Route: __________

  Instructions: ______________________ Estimated length of therapy: ________ ❑TBD
- Medication/Dose : ______________________________ Route: __________

  Instructions: ______________________ Estimated length of therapy: ________ ❑TBD
- Medication/Dose: : ______________________________ Route: __________

  Instructions: ______________________ Estimated length of therapy: ________ ❑TBD

Clinical pharmacist to monitor drug levels and adjust dose
Alteplase 2mg IV PRN for PICC line occlusions
Flush line with 10ml 0.9% NaCl and 3-5mL 100U/mL heparin per standard flushing protocols
******Anakit to be provided if necessary PRN for anaphylaxis******
****PICC line care and Dressing changes weekly per HH protocol****

Nursing Orders:

❑ If no central IV access, RN to insert peripheral IV, rotate site every 72 to 120 hours or as needed.
❑ Other: ______________________________

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Labs:

Test			
❑ CBC with Diff	❑ weekly	❑ every	__________
❑ ESR (Erythrocyte Sedimentation Rate)	❑ weekly	❑ every	__________
❑ Serum Creatinine	❑ weekly	❑ every	__________
❑ ALT	❑ weekly	❑ every	__________
❑ CRP	❑ weekly	❑ every	__________
❑ CK (for Daptomycin)	❑ weekly	❑ every	__________
❑ BMP (Na, K, Cl, CO2, BUN, SCr, Gluc, Ca)	❑ weekly	❑ every	__________
❑ CMP (BMP + AST, ALT, TP, Alb, Glob, Alp, Tbil)	❑ weekly	❑ every	__________
❑ Hepatic Panel (Alk Phos, Alb, DBil, Tbil, TP, ALT, AST)	❑ weekly	❑ every	__________
❑ Other: __________	❑ weekly	❑ every	__________

______________________________ ______________
Prescriber Signature *Date*

Phone #: NPI: DEA:
____
Please Print Name