vitalcare® of the FOUR STATES

# ORDER FORM

Vital Care of the Four States, 109 E Hickory St., Neosho, MO 64850
OFFICE 417-451-7900 / FAX 417-451-7915

## DEMOGRAPHICS

Patient Name: _____

Address: _____

City: _____ State: ____ Zip:_____

DOB: ____/____/____ ☐ Male ☐ Female

Phone: _____

SSN: _____ Ht: _____ Wt: _____

## PRESCRIBING PHYSICIAN

Name: _____

Address: _____

City: _____State: _____ Zip: _____

Phone: _____ Fax: _____

License#: _____

DEA#: _____NPI: _____

## ALLERGIES / REACTIONS

_____

_____

Signature: _____

Date: _____

## PHYSICIAN ORDERS

☐ **ORENCIA** **REFILLS: _____**

- ☐ **500mg (less than 60 kg)** ☐ **750mg (60-100 kg)** ☐ **1000mg (over 100 kg)**
- ☐ Initial Dose: Infuse IV at weeks 0,2, and 4 weeks
- ☐ Maintenance Dose: Infuse IV every 4 weeks

☐ **IV ACCESS**

- ☐ Peripheral IV - Flush with Normal Saline 5--10 ml with IV start and before & after medication
- ☐ Subcutaneous Port - Flush with Normal Saline 10 ml before & after medication---LOCK with Heparin 500 units (100 units/ml)

☐ **PRE-MEDICATIONS / LABS** **REFILLS: _____**

- ☐ Diphenhydramine ____ MG IV 30 minutes before infusion ☐ Solu-Medrol _____ MG IV 30 minutes before infusion
- ☐ OTHER: _____
- ☐ LABS: _____FREQUENCY_____

☑ Anaphylaxis Kit per Pharmacy protocol
TO BE ADMINISTERED BY THE HEALTH CARE PROVIDER PRN FOR PATIENTS RECEIVING IV MEDS IN THE HOME
Epinephrine Auto Injector 0.3mg/0.3ml IM – Repeat one time in 20 minutes if needed

☑ ADVERSE REACTION ORDERS:

Mild Reactions - Reduce rate by 1/2 at time of onset and keep reduced x30 minutes. If resolved, increase per guidelines. If not resolved, administer appropriate medication based on symptoms,
Severe Reactions - STOP infusion ✓, KVO IV Normal Saline ✓ Diphenhydramine 25/50 mg IVP over 3-5 minutes ✓
Methylprednisolone 125 mg IVP over 5 minutes ✓ Call Ambulance and Physician ✓.

**DIAGNOSIS:**

☐ M06.9 Rheumatoid Arthritis ☐ M08.0 Juvenile Rheumatoid Arthritis ☐ L40.50 Psoriatic Arthritis

☐ M45.9 Ankylosing Spondylitis ☐ Other: _____