vitalcare® of the FOUR STATES

GI IV 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

☑ **TREMFYA** **REFILLS: _____**

☐ INITIAL: 200 mg IV at week 0, 4, and 8 weeks (one hour infusion)

☐ INDUCTION OPTION: **(CROHN'S ONLY)**

Inject 400 mg SQ (given as two consecutaive injections of 200 mg each) at week 0, 4 and 8

☐ MAINTENANCE: Inject 100 mg SQ at week 16 and every 8 weeks thereafter

☐ MAINTENANCE: Inject 200 mg SQ at week 12 and every 4 weeks thereafter

Use the lowest effective recommended dosage to maintain therapeutic response.

☑ **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

IV / ACCESS / MAINTENANCE:

☐ PERIPHERAL - Flush before & after medication with 5ml NS.

DIAGNOSIS:

☐ K50.90 Crohn's Disease NOS ☐ K51.90 Ulcerative Colitis ☐ Other: _____