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

☐ **VENOFER 200 mg IV — 5 infusions over 15 days** **REFILLS:** _____
Infuse VENOFER 200 mg/0.9% NaCl 100 ml **IV** over 20-30 minutes

☐ **FERRLECIT 250mg** **REFILLS:** _____
Infuse Ferrlecit 250 mg IV over 60 minutes every week x 4 doses (total 1000mg)

☐ **FERAHEME 510 mg** **REFILLS:** _____
Infuse Feraheme 510 mg IV over 20 minutes and Infuse again 3-8 days later

☐ **FERRLECIT 1.5 mg/kg - PEDIATRIC**
Infuse Ferrlecit __ __ mg IV over 60 minutes for ___ weeks
**** 30 minute observation with each infusion ****

☐ **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)

☑ 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:

☐ D50.9 Iron deficiency anemia, unspecified ☐ E61.1 Iron deficiency