

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

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PROLIA 60 MG

Inject 60 mg SQ every 6 months under supervision of healthcare professional

REFILLS: _____

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EVENITY 210 MG

Inject 210 mg (2 syringes of 105mg) every 4 weeks x 12 doses

REFILLS: _____

☐

RECLAST 5 MG

Infuse 5mg IV once yearly over no less than 15 minutes

REFILLS: _____

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IV ACCESS

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Peripheral IV - Flush with Normal Saline 5–10 ml with IV start and before & after medication

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Subcutaneous Port - Flush with Normal Saline 10 ml before & after medication---LOCK with Heparin 500 units (100 units/ml)

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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

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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:

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