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: _______________

Signature: _________________________________

Date: _____________________________________

ALLERGIES / REACTIONS

____

____

PHYSICIAN ORDERS

☐ **REMICADE** ☐ **INFLECTRA** ☐ **INFLIXIMAB** **REFILLS:** __________

☐ Initial Dose: Infuse ______ mg/kg (____mg) IV at 0, 2, & 6 weeks

☐ Maintenance: Infuse ______ mg/kg (____mg) IV every ______ 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:

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