

# Home IV Therapy Referral \*Fax to 866-606-4663

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Drug Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Duration / Stop Date: \_\_\_\_\_

First Lifetime Dose: Yes/ No      Culture Report Attached: Yes/No

Type of IV/Enteral Access \_\_\_\_\_

## Labs:

- CBC/Diff
- CMP
- BMP
- CRP
- Vancomycin Trough (immediately prior to 4 th dose and weekly)
- ESR
- Creatinine
- Weekly by Agency and faxed to \_\_\_\_\_

## PICC Care:

1. Dressing change with Chlorhexidine-impregnated sponge dressing once a week and PRN.
2. Flush with Saline 10 ml followed by Heparin 100 u/ml administer 3 ml
3. Change port cap during dressing changes for blood draws, or for cracked cap

Removal of PICC (please mark):    \_\_\_ AIC\_ \_\_\_ Agency to remove at completion of therapy

- Pharmacist to dose

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_