

**PHYSICIAN GASTROINTESTINAL
REFERRAL FORM**

FAMILY PHARMACY VITAL CARE

1720 Hillcrest Drive
Vernon, TX 76384

NOTE: DISPENSING OF GENERIC FORMULATION IS AUTHORIZED
UNLESS "BRAND MEDICALLY NECESSARY" IS INDICATED

Phone 940-552-2999 ♦ Fax 940-552-5347

Name: _____ DOB: _____
Pt Wt: _____ Pt Ht: _____ Pt Allergies: _____

*Please attach Demographics page and relevant labs

Diagnosis: _____

- Medications:
- Remicade 5 mg/kg IV at 0, 2 and 6 weeks, then every 8 weeks
 - Inflectra 5mg/kg IV at 0, 2 and 6 weeks, then every 8 weeks
 - Renflexis 5mg/kg IV at 0, 2 and 6 weeks, then every 8 weeks
 - Entyvio 300 mg IV at 0, 2 and 6 weeks, then every 8 weeks
 - Tysabri 300mg IV every 4 weeks
 - _____
- QS 1 Year 6 months Other

Quantity: _____

Infusion Pharmacist to manage dosing per lab results throughout therapy course

Labs: _____

Premedications: _____

Vital Care to provide infusion and catheter supplies per IV access as noted below:

PICC PIV MIDLINE PORT (Non-coring Needle Size: _____) HICKMAN GROSHONG

FLUSH ORDERS

Normal Saline 10ml flushes daily for unused lumen of IV access and per SASH protocol

Heparin 10 units/5ml flushes daily for unused lumen of IV access and per SASH protocol (not used for Groshong)

Monitor for signs of adverse reaction: urticaria, diarrhea, arthralgia, and headache; dizziness, tachycardia, hypertension fever, vomiting, swelling of lips, tongue, or face, and airway compromised; chest tightness, increased WOB, SOB, wheezing.

If symptoms are present for adults 18 years and older:

1. Stop infusion
2. Notify MD of possible reaction
3. Give 50 mg Benadryl x 1 for rash, redness, or itching _____ PO _____ IM _____ IV 2-3 min push
4. Give Epinephrine 1:1000 solution (select dose) _____ 0.3 mg _____ 0.4mg _____ 0.5mg
Select route _____ Subcutaneous _____ Intramuscular _____ Repeat if still symptomatic in 10 minutes.

- Provide Anaphylactic Kit for first doses in the home or as otherwise indicated
- RN visit(s) for teaching on infusion therapy; change PICC/CVAD dressing weekly and PRN; obtain labs as ordered
- Arrange Home Health Nursing to evaluate and treat
- Current Home Health Agency: _____
- Arrange Outpatient PICC Placement. First dose to be given in outpatient setting following PICC placement, if needed
- RN to pull PICC after last scheduled dose
- Initiate IV therapy with PIV until PICC/CVAD can be placed

Prescriber: _____

NPI: _____

Prescriber Signature: _____

Date: _____