

Provider Order Form

PATIENT INFORMATION

Date: _____ Patient Name: _____ DOB: _____

ICD-10 code (required): _____ ICD-10 description: _____

NKDA Allergies: _____ Weight lbs/kg: _____

Patient Status: New to Therapy Continuing Therapy Next Due Date (if applicable): _____

PROVIDER INFORMATION

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

NURSING

- Provide nursing care per IVX Standard Nursing Procedures, including reaction management and post-infusion observation
- Hepatitis B status & date (list results here & attach clinicals)

- TB status & date (list results here & attach clinicals)

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- Other: _____

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl) 25mg / 50mg PO / IV
- methylprednisolone (Solu-Medrol) 40mg / 125mg IV
- Other: _____
- Dose: _____ Route: _____
- Frequency: _____

THERAPY ADMINISTRATION

- Please check preferred product(s):
- infliximab (Remicade) infliximab-abda (Renflexis)
 - infliximab-dyyb (Inflectra) infliximab-axxq (Avsola)
 - Mix in 250ml 0.9% sodium chloride, intravenous infusion over two hours (use in line filter 1.2 micron or less)
 - Dose: 3mg/kg 5mg/kg 7.5mg/kg 10mg/kg
 - Other: _____
 - Round up to nearest 100mg **OR** Give exact dose
 - Frequency: induction: week 0, 2, 6, and then every 8 weeks / maintenance: every 8 weeks / other: _____
 - Infusion rate: 10ml/hr x 15 min
 - Increase to: 20ml/hr x 15 min, 40ml/hr x 15 min, 80ml/hr x 15 min, 150ml/hr x 30 min, 250ml/hr until infusion complete
 - Flush with 0.9% sodium chloride at the completion of infusion
 - Patient is required to stay for 30-minute observation post infusion
 - Patient is NOT required to stay for observation time
 - Refills: Zero / for 12 months / _____ (if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

*Perform test for latent TB; if positive, start treatment for TB prior to starting treatment. Monitor all patients for active TB during treatment, even if initial latent TB test is negative. *Patients should be tested for HBV infection before initiating TNF blocker therapy, including REMICADE. For patients who test positive for hepatitis B surface antigen, consultation with a physician with expertise in the treatment of hepatitis B is recommended.

Ordering Provider: Initial here _____ and proceed to the next page.

ADULT REACTION MANAGEMENT PROTOCOL

- Observe for **hypersensitivity reaction**: Fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.
- If reaction occurs:
 - If indicated, stop infusion.
 - Maintain/establish vascular access.
 - IVX Health clinicians have the following PRN medications available for the following reactions.
 - Headache, pain, fever >100.4F, chills or rigors- Acetaminophen 650mg PO or Ibuprofen 400mg PO.
 - Rhinitis, allergies, hives, pruritis and other nonspecific symptoms of allergic reaction - Loratadine 10mg PO or Diphenhydramine 25-50mg PO or IV
 - Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg ODT (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg PO.
 - Severe Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg SIVP (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg SIVP.
 - Hypotension (90/60), vasovagal response- Place patient in reclined position, administer 0.9% Sodium Chloride IV 500ml. May repeat to keep BP >90/60, maximum of 1000ml, monitor vital signs.
 - Hypertension (>30 mmHg increase from baseline or >180 mmHg SBP): Clonidine 0.1mg and wait 45 minutes, may administer Amlodipine 5mg if hypertension persists
 - Chest pain/discomfort, shortness of breath- Oxygen 2-15 liters, titrate to keep Spo2 >92%.
 - Famotidine 20mg IV- Refractory to other treatments given
 - Solumedrol 125mg IV- Refractory to other treatments given.
 - When symptoms resolve resume infusion at 50% previous rate and increase per manufactures guidelines.
 - Notify referring provider as clinically appropriate and follow clinical escalation protocol.
- Severe allergic/anaphylactic reaction:**
 - If symptoms are rapidly progressing or continuing after administration of prn medications above and signs symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension).
 - Call 911.
 - Initiate basic life support as needed.
 - Bring the **AED** to the patient (Attach pads if indicated).
 - **Epinephrine**- administer 0.3mg of a 1:1,000 (1mg/ml) concentration intramuscularly (preferably outer thigh), may be repeated every 5-15 minutes as needed to a maximum of 3 doses.
 - Place patient in recumbent position, elevate lower extremities.
 - **Oxygen**- administer 2-15 liters/minute or 100 percent oxygen as needed maintain SpO2 >92 percent.
 - **IV Fluids**- Treat hypotension with normal saline bolus of 500ml, repeat as needed to maintain systolic BP >90.
 - Administer **diphenhydramine** 50mg IV or Famotidine 20mg IVP, if not previously given.
 - Administer **methylprednisolone** 125mg IVP, if not previously given.
 - Continuous monitoring of blood pressure, pulse oximetry, and heart rate.
 - Notify clinical executive, DON or CMO, when appropriate. Must be done same day. Do not delay treatment.

Patient Name	Patient Date of Birth
Provider Name (Print)	
Provider Signature	Date

Email ivxintake@ivxhealth.com or fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:

TAMPA: 844-946-0849 ___Brandon ___Carrollwood ___Wesley Chapel ___St. Pete's PHILADELPHIA: 844-820-9641 ___Malvern ___Bensalem ___Montgomeryville BAY AREA: 844-889-0275 ___San Mateo ___Fremont ___San Ramon ___Sunnyvale CHICAGO: 312-253-7244 ___Glenview ___Schaumburg ___Lombard ___Naperville KANSAS CITY: 844-900-1292 ___Overland Park ___Lee's Summit ___Briarcliff INDIANAPOLIS: 844-983-2028 ___Emerson Pointe ___Fishers Corner ___Park Meridian	ORLANDO: 844-946-0867 ___Altamonte Springs ___Waterford Lakes HARRISBURG: 844-859-4235 ___East Shore ___West Shore COLUMBUS: 844-627-2675 ___Dublin ___Pickerington ___Grove City CINCINNATI: 844-946-0868 ___Colerain ___Hyde Park ___Union Centre NASHVILLE: 844-627-2518 ___Brentwood ___Hendersonville
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Precision is now a part of IVX Health. To refer to a Precision center, fax to 888-615-1445: ___Donelson ___Cool Springs
 ___Clarksville ___Murfreesboro ___Knoxville ___Chattanooga ___Morristown ___Collierville ___Jackson ___Memphis ___Lowell, AR