



Nevada Infusion  
5401 Longley Lane, Suite 34, Reno, NV 89511  
PH: 775-453-0667 | Fax: 775-470-8478

## Antibiotic Infusion Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ ICD-10: \_\_\_\_\_

### ORDER DETAILS:

1. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ IV every \_\_\_\_\_ hours x \_\_\_\_\_ days  
2. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ IV every \_\_\_\_\_ hours x \_\_\_\_\_ days

### MAY ADMINISTER IF NEEDED FOR ALLERGIC REACTION:

- ☒ Nevada Infusion Hypersensitivity Reaction Order Set  
☐ Other: \_\_\_\_\_

**PUMP:** IV Push or Elastomeric Device

**NURSING:** Provided by Nevada Infusion or Home Health

**ACCESS:** PICC, Midline, PORT, Peripheral IV, or Other: \_\_\_\_\_ (Specify if applicable)

### FLUSHING Policy:

- PICC/Midline: Flush with 10 mL normal saline (NS) before and after each dose.
- PORT: Flush with 10 mL NS before and after each dose, followed by 5 mL Heparin (100 units/mL).
- Peripheral IV: Flush per standard protocol with normal saline before and after use.
- De-Clotting: May use Cathflo IV PRN for catheter occlusion as needed.

**Dressing:** PICC, Midline, PORT changed weekly or PRN

**\*\*\*\*\*REMOVE PICC LINE AT THE END OF THERAPY\*\*\*\*\***

WEEKLY LABS: \_\_\_\_\_ Fax results: 775-470-8478 & \_\_\_\_\_

**\*\*Draw labs peripherally if unable to draw from PICC/Midline\*\***

Provider Following after patient discharge: \_\_\_\_\_

### PROVIDER INFORMATION:

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Fax This Form With - DEMOGRAPHICS, LABS, MEDICATION LIST and H&P: 775-470-8478**

**\*\*Insurance verification/authorization is always obtained by Nevada Infusion prior to scheduling patients. \*\***