



## **Antibiotic Infusion Order Form**

	State:				
	Height:				
DIAGNOSIS:			ICD-10	):	
ORDER DE	ΓAILS:				
1. Medicati	on:	Dose:	IV every	hours x	days
2. Medicati	on:	Dose:	IV every	hours x	days
☑ Nev	NISTER IF NEEDED FOF vada Infusion Hyperser er:	nsitivity Reaction Orde	er Set		
<b>DI IMD</b> · 1\/ 1	Push or Elastomeric De	vice			
NURSING:	Push of Elastomeric De Provided by Nevada Inf CC, Midline, PORT, Peri	fusion or Home Health		fy if applicable)	
NURSING: ACCESS: PIC FLUSHING PICC POF	Provided by Nevada Inf CC, Midline, PORT, Peri	fusion or Home Health pheral IV, or Other:  0 mL normal saline (Note the same in the saline in the saline in the saline indard protocol with nearth.	(Specif S) before and after ea dose, followed by 5 r ormal saline before an	ch dose. nL Heparin (100 unit	s/mL).
NURSING: ACCESS: PIC FLUSHING PICC POF Peri	Provided by Nevada Inf CC, Midline, PORT, Peri Policy: C/Midline: Flush with 1 RT: Flush with 10 mL NS ipheral IV: Flush per sta Clotting: May use Cath	fusion or Home Health pheral IV, or Other: 0 mL normal saline (N 5 before and after each andard protocol with n flo IV PRN for catheter	(Specifical) (Specifical) S) before and after eand of the followed by 5 rormal saline before and occlusion as needed.	ch dose. nL Heparin (100 unit nd after use.	s/mL).
NURSING: ACCESS: PIGE FLUSHING PICG POF Peri De- Dressing: P	Provided by Nevada Inf CC, Midline, PORT, Peri Policy: C/Midline: Flush with 1 RT: Flush with 10 mL NS ipheral IV: Flush per sta Clotting: May use Cath	fusion or Home Health pheral IV, or Other:  O mL normal saline (Note that the saline is before and after each and ard protocol with note in the saline inged weekly or PRN  ***REMOVE PICC LINE	S) before and after ean dose, followed by 5 rormal saline before an occlusion as needed.	ch dose. nL Heparin (100 unit nd after use. APY*****	
NURSING: ACCESS: PIC FLUSHING PICC POF De- De- Dressing: P	Provided by Nevada Inf CC, Midline, PORT, Peri Policy: C/Midline: Flush with 1 RT: Flush with 10 mL NS ipheral IV: Flush per sta Clotting: May use Cath PICC, Midline, PORT cha *****	fusion or Home Health pheral IV, or Other:  0 mL normal saline (Name of the sack and after each and ard protocol with note of the sack anged weekly or PRN   ***REMOVE PICC LINE	S) before and after eand dose, followed by 5 rormal saline before and occlusion as needed.  AT THE END OF THER  Fax results: 775-47	ch dose. nL Heparin (100 unit nd after use. APY*****	
NURSING: ACCESS: PICE FLUSHING PICC POF Peri De- Dressing: P WEEKLY LA **Draw lab	Provided by Nevada Inf CC, Midline, PORT, Peri Policy: C/Midline: Flush with 1 RT: Flush with 10 mL NS ipheral IV: Flush per sta Clotting: May use Cath PICC, Midline, PORT cha *****	fusion or Home Health pheral IV, or Other:  0 mL normal saline (Note to before and after each andard protocol with note of the protocol with not	S) before and after eand dose, followed by 5 rormal saline before and occlusion as needed.  AT THE END OF THER  Fax results: 775-47	ch dose. mL Heparin (100 unit nd after use. APY******	
NURSING: ACCESS: PIGE FLUSHING PICG POF Peri De- Dressing: P WEEKLY LA **Draw lab	Provided by Nevada Inf CC, Midline, PORT, Peri Policy: C/Midline: Flush with 1 RT: Flush with 10 mL NS ipheral IV: Flush per sta Clotting: May use Cath PICC, Midline, PORT cha ***** BS:	fusion or Home Health pheral IV, or Other:  0 mL normal saline (Note to before and after each andard protocol with note of the protocol with not	S) before and after eand dose, followed by 5 rormal saline before and occlusion as needed.  AT THE END OF THER  Fax results: 775-47	ch dose. mL Heparin (100 unit nd after use. APY******	
NURSING: ACCESS: PIC FLUSHING PICC POF De- Dressing: P WEEKLY LA **Draw lab Provider Fo	Provided by Nevada Inf CC, Midline, PORT, Peri Policy: C/Midline: Flush with 1 RT: Flush with 10 mL NS ipheral IV: Flush per sta Clotting: May use Cath PICC, Midline, PORT cha ***** BS: PS peripherally if unable ollowing after patient d	fusion or Home Health pheral IV, or Other:  0 mL normal saline (Note to before and after each and ard protocol with note that are to dealth and the second seco	S) before and after eand dose, followed by 5 rormal saline before and occlusion as needed.  AT THE END OF THER  Fax results: 775-47	ch dose. mL Heparin (100 unit nd after use.  APY******  0-8478 &	
NURSING: ACCESS: Plo FLUSHING PICO POF Peri De- Dressing: P WEEKLY LA **Draw lab Provider Fo PROVIDER Physician N	Provided by Nevada Inf CC, Midline, PORT, Peri Policy: C/Midline: Flush with 1 RT: Flush with 10 mL NS ipheral IV: Flush per sta Clotting: May use Cath PICC, Midline, PORT cha ***** BS:	fusion or Home Health pheral IV, or Other:  0 mL normal saline (Note to before and after each and ard protocol with normal saline in the second state of the second se	S) before and after ean dose, followed by 5 rormal saline before an occlusion as needed.  AT THE END OF THER  Fax results: 775-47 idline**	ch dose. mL Heparin (100 unit nd after use.  APY******  0-8478 &	

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

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

Revised: 04/25