

**PATIENT INFORMATION**

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**ORDERS**

DX: \_\_\_\_\_

MEDICATIONS:

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STOP DATE: \_\_\_\_\_

**LAB ORDERS:**

- ☐ CBC ☐ ESR/CRP ☐ VANCOMYCIN TROUGH - TO BE DRAWN IMMEDIATELY PRIOR TO VANC INFUSION  
☐ CMP ☐ CK ☐ OTHER: \_\_\_\_\_

**LAB FREQUENCY:**

- ☐ WEEKLY ☐ OTHER: \_\_\_\_\_

**LINE TYPE:**

TYPE: \_\_\_\_\_ #LUMENS: \_\_\_\_\_

- ☐ CVC DRESSING CHANGE WEEKLY ☐ OR: \_\_\_\_\_

**FLUSHING INSTRUCTIONS:**

- ☐ SODIUM CHLORIDE 0.9%-10 ML; FLUSH IV CATHETER WITH 5 ML TO 10 ML AS DIRECTED  
☐ HEPARIN 100 ML/ 5 ML - FLUSH IV CATHETER WITH 3 ML TO 5 ML AS DIRECTED  
☐ OTHER: \_\_\_\_\_

**HOME HEALTHCARE AGENCY:**

**PHONE:**

**FAX:**

**PRESCRIBER/DEA NUMBER/NPI:**

**PHYSICIAN**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHARMACY INFORMATION**

 [www.VytlOneSpecialty.com](http://www.VytlOneSpecialty.com)

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