TwelveStone HEALTH PARTNERS

Heather Baxter RN, BSN
(615) 429-2474

Janelle Browning RN, BSN
(865) 591-8651

Mary Lou Haynes RN, BSN
(615) 295-6090

Tanya Landis RN, BSN
(615) 542-1981

Debbie Mullins RN, BSN
(865) 335-4154

Intake
(844) 893-0012

IV THERAPY REFERRAL FORM

FAX THIS FORM ALONG WITH PATIENT DEMOGRAPHIC SHEET, RECENT CLINIC NOTES, PICC/MIDLINE REPORT, LABS AND MEDICATION LIST TO (800) 223-4063 OR (615) 278-3355.

REQUESTED FROM:

Hospital/Office Name _____ Phone _____

Hospital/Office Contact _____ Fax _____

PATIENT INFORMATION AND PHYSICIAN'S ORDERS:

Patient Name _____ DOB _____ Sex ☐ M ☐ F

Height _____ Weight _____ Allergies _____ Diagnosis _____

PICC Line _____ ☐ Single Lumen ☐ Double Lumen Midline _____ Port _____

	Anti-Infective Therapy 1		Anti-Infective Therapy 2	
Therapy Ordered	☐ Vancomycin ☐ Ceftriaxone ☐ Cefepime ☐ Daptomycin ☐ Other:	Dose _____ Frequency _____ Start Date _____ Duration _____	☐ Vancomycin ☐ Ceftriaxone ☐ Cefepime ☐ Daptomycin ☐ Other:	Dose _____ Frequency _____ Start Date _____ Duration _____
Labs	☐ BMP, CBC w/differential q Tuesday ☐ Trough level after 3rd dose and with Bi-Weekly routine labs if Vancomycin or Aminoglycoside. ☐ Other:			
Flushing	☐ Flush each lumen with 10–20ml of NS before and after medication and lab draws from IV catheter. May flush PRN. Flush with 3ml of Heparin 100 units/ml after each medication. May flush PRN.		Patient has signed a DNR ☐ Yes ☐ No HH to provide PICC care, draw labs and pull line at end of therapy. May provide PRN visit for PICC care. ☐ Yes ☐ No	

First dose to be administered at hospital ☐ Yes ☐ No Labs drawn prior to first dose ☐ Yes ☐ No

Home Health Agency _____

Following Physician _____ Phone _____

Ordering Physician _____ Phone _____

Physician Signature _____ Date _____