

TwelveStone Health Partners

Fax Referral To: (800) 223-4063

Direct Phone: (615) 278-3350

Toll Free: (844) 893-0012

**IV THERAPY ENROLLMENT FORM**

Hospital Office Name: _____ Hospital Office Contact: _____

Phone: _____ Fax: _____

Date: _____ Patient Name: _____ Date of Birth: _____

Sex: Male Female 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 Monday
-
-
- Through level 30 min prior to 4th dose and weekly thereafter, if Vancomycin or Aminoglycoside.
-
-
- CPK weekly, if Daptomycin
-
-
- Pharmacy to dose
-
-
- 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 3-5ml 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. Yes No
 May provide PRN visit for PICC care.

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.

First Dose to be administered at hospital: Yes NoLabs drawn prior to first dose: Yes No

Home Health Agency: _____

Following Physician: _____ Phone: _____

Ordering Physician: _____ Phone: _____

Physician Signature: _____ Date: _____

CLINICAL LIAISONS & INTAKE**Janelle Browning, RN, BSN-** (865) 591-8651**Mary Lou Hanes, RN, BSN-** (615) 295-6090**Tanya Landis, RN, BSN-** (615) 542-1981**Debbie Mullins, RN, BSN-** (865) 335-4154**Shelia Brandenburg, RN, BSN-** (865) 660-7805**Intake-** (844) 893-0012 Ext. 1