



toll free fax

Post-Infectious Neuropsychiatric Disorder

Torrance, CA toll free

krogerspecialtyinfusion.com

Kroger Specialty Infusion Representative:

Patient Information

Patient Name		Parent/Guardian Name (if applicable)		<input type="checkbox"/> All Insurance Info Attached	
Address		City State Zip			
Main Phone	Alternate Phone	Email			
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Weight (required)	<input type="checkbox"/> kg <input type="checkbox"/> lbs	Height (required)	<input type="checkbox"/> ft <input type="checkbox"/> in
Other Drugs Used to Treat Patient's Condition		First Dose of IVIg: <input type="checkbox"/> No <input type="checkbox"/> Yes		Prior Ig Products Tried	
Adverse Reactions with Previous Ig Treatments		Allergies			

Clinical Information - Primary Diagnosis - ICD-10

☐ D83.9 CVID ☐ G04.01 Post-infectious Encephalitis ☐ I02.9 Sydenham's Chorea ☐ M35.9 Autoimmune Disease ☐ G04.81 Other Encephalitis and Encephalomyelitis
☐ Other: _____ ICD-10: _____

Prescription and Orders

Administer: ☐ SCIG ☐ IVIG **Access:** ☐ Peripheral ☐ PICC ☐ Port ☐ Other: _____
Product: ☐ Pharmacist to determine **or** ☐ Formulation: _____

Dose: (please select option(s) and provide complete information, pharmacy to round the nearest 5 gram vial)
☐ Loading Dose: _____ gm/kg OVER _____ day(s), then
☐ Maintenance Dose: _____ gm/kg OVER _____ day(s) EVERY _____ week(s) x _____ cycle(s)
☐ Other Regimen: _____

Infusion Rate: (please select one and provide complete information)
☐ Pharmacist to determine
☐ Start at _____ mL/hr, then increase by _____ mL/hr every _____ minutes to maximum rate _____ mL/hr

IV Maintenance (flushing): Dispense Quantity Sufficient
• Sodium Chloride 0.9% 10mL Prefilled Syringe: Flush IV access device with sodium chloride 3-10mL to maintain line patency.
• Heparin 10 units/mL 5mL Prefilled Syringe: Flush peripheral IV access device with Heparin 10 units/mL 1-5 mL as needed to maintain line patency.
• Heparin 100 units/mL 5mL Prefilled Syringe: Flush central IV access device with Heparin 100 units/mL 3-5 mL as needed to maintain line patency.

Adverse/Anaphylactic Reactions: Anaphylaxis kit to be used in the event of anaphylactic reaction and will contain the following:
• Diphenhydramine 25mg Capsule #2 • Diphenhydramine 50mg/mL 1mL Vial #1 • Epinephrine Injection Auto-Injector 0.3mg (>30kg pt) or 0.15mg (<30kg pt) Two-Pack #1
• Sodium Chloride 0.9% 500mL Bag #1 • Sodium Chloride 0.9% 10mL Prefilled Syringe #4

Pre-Treatment: Dispense Quantity Sufficient
Acetaminophen 325mg Tablet: 1-2 tablets by mouth 15-30 minutes before each infusion. ☐ Decline
Diphenhydramine 25mg Capsule: 1-2 capsules by mouth 15-30 minutes before each infusion. ☐ Decline
☐ Other: _____

Ancillary Supplies: Dispense ancillary supplies and equipment needed to provide home infusion therapy.

Labs: Results will be faxed to physician's office. If no frequency noted, ordered labs to be done prior to initial infusion only. Labs will not be drawn on weekends/holidays. Not appropriate for STAT labs.
Labs to be Drawn: _____ Frequency of Labs: _____

Nursing Orders: Skilled Home Infusion Nursing to Administer IVIg as Outlined in MD Order
• **Observe:** Vital signs prior to infusion. Blood pressure and pulse every 15 minutes for first hour, then every 30 minutes until stable infusion rate, then every hour.
• **Watch for:** Signs of fluid overload, cardiovascular symptoms, allergic reactions, skin rash, fever, and moderate to severe headache.
• **Call/Page MD:** For adverse events, stop the infusion. Can restart the infusion at the same or lower rate pending physician's approval or if symptoms subside.
Skilled RN: To teach/train to administer SQ via pump with necessary supplies for each subcutaneous infusion up to 3 visits. RN to notify pharmacy directly if patient is unable to self-administer.

Physician Information

Physician Name		DEA #	NPI #	License #
Address		City State Zip		
Phone	Fax	Office Contact (required)		

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Prescriber's Signature (no stamps) Substitution Permitted

Date

Prescriber's Signature (no stamps)

Dispense As Written

Date

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