



SPECIALTY INFUSION

# HOME INFUSION PRESCRIPTION

Dothan, AL toll free fax 888.889.6702 toll free 866.580.8100

[krogerspecialtyinfusion.com](http://krogerspecialtyinfusion.com)

FOR HOSPITAL REFERRALS ONLY

## PATIENT INFORMATION

Patient Name		Parent/Guardian (if applicable)		<input type="checkbox"/> All Insurance Info Attached
Address		City	State	Zip
Main Phone	Alternate Phone	Email Address		
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height (required) inches	Weight (required) pounds	
Allergies		Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No		

## MEDICAL INFORMATION

Primary Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_  
 Home Health Agency: \_\_\_\_\_

## PRESCRIPTION AND ORDERS

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_  
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 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

Pharmacy to dose based on current lab results?  Yes  No

- IV Access:
  - \_\_\_\_\_ PICC Lines: Weekly dressing changes unless integrity of dressing changes or becomes soiled. Securing device to be used unless line is sutured in. Flush with 10mL NS before and after each use and weekly when not in use. If administering TPN or drawing labs flush with 20mL NS after use. May use 5mL Heplock flush 100 unit/mL for sluggish line. Use only 10mL syringe or larger.
  - \_\_\_\_\_ Midline Catheter: Weekly dressing changes unless integrity of dressing changes or becomes soiled. Securing device to be used unless line is sutured in. Flush with 10mL NS before and after each use and weekly when not in use. If administering TPN or drawing labs flush with 20mL NS after use. May use 5mL Heplock flush 100 unit/mL for sluggish line. Use only 10mL syringe or larger.
  - \_\_\_\_\_ Peripheral IV: Dressing change at site rotation every 72-96 hours or when clinically indicated. Flush with 5-10mL NS before and after each use. May use 3mL Heplock flush 10 unit/mL.
  - \_\_\_\_\_ Other
- Anaphylaxis Protocol: Epinephrine 0.3mg IM / Diphenhydramine 25-50mg by mouth PRN.
- Labs Needed: \_\_\_\_\_ Frequency: \_\_\_\_\_ or  Labs Per Pharmacy Protocol
- Pull IV access when therapy is complete.
- May discharge patient when therapy is complete.

## PHYSICIAN INFORMATION

Physician Name: \_\_\_\_\_ License: \_\_\_\_\_  
 Address: \_\_\_\_\_ DEA: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Office Contact: \_\_\_\_\_

**STATEMENT OF MEDICAL NECESSITY:** This is a patient who is in need of antibiotics in the home setting. Kroger Specialty Infusion Pharmacist will dispense medications as ordered by Physician.

By signing this form and utilizing our services, you are authorizing Kroger Specialty Infusion and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

\_\_\_\_\_  
 Prescriber's Signature (no stamps)    Substitution Permitted    Date    Prescriber's Signature (no stamps)    Dispense As Written    Date

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