UNIVERSITY OF MICHIGAN HEALTH-SPARROW
MICHIGAN MEDICINE

UM Health-Sparrow Infusion Center

Phone: 517-364-9402
Fax: 517-364-8448

Legal Patient Name:	**DOB:**	**Height:**	**Weight:**	**BSA:**
ICD 10 Diagnosis Code:	**Diagnosis:**			
Allergies:				

MUST Include with Order:
- ☐ History & Physical
- ☐ Medication List
- ☐ Completed Prior Authorization (if required)
- ☐ Patient Demographics & Insurance
- ☐ Consent **REQUIRED** if ordering Blood Products and/or Chemotherapy

***UM-Health Sparrow Infusion Center is not responsible for drawing or monitoring labs required before/after treatment.**

MEDICATION ORDERS

Name	Dose	Route	Frequency	Duration
	☐ ________ mcg ☐ ________ mg ☐ ________ gram ☐ ____________	☐ IV ☐ IM ☐ SC ☐ PO	☐ Daily ☐ Weekly ☐ Monthly ☐ Every _____ Months ☐ PRN ☐ Other ____________	☐ Once ☐ One Year ☐ Other ________________ ________________ ________________ ________________
	☐ ________ mcg ☐ ________ mg ☐ ________ gram ☐ ____________	☐ IV ☐ IM ☐ SC ☐ PO	☐ Daily ☐ Weekly ☐ Monthly ☐ Every _____ Months ☐ PRN ☐ Other ____________	☐ Once ☐ One Year ☐ Other ________________ ________________ ________________ ________________
	☐ ________ mcg ☐ ________ mg ☐ ________ gram ☐ ____________	☐ IV ☐ IM ☐ SC ☐ PO	☐ Daily ☐ Weekly ☐ Monthly ☐ Every _____ Months ☐ PRN ☐ Other ____________	☐ Once ☐ One Year ☐ Other ________________ ________________ ________________ ________________
	☐ ________ mcg ☐ ________ mg ☐ ________ gram ☐ ____________	☐ IV ☐ IM ☐ SC ☐ PO	☐ Daily ☐ Weekly ☐ Monthly ☐ Every _____ Months ☐ PRN ☐ Other ____________	☐ Once ☐ One Year ☐ Other ________________ ________________ ________________ ________________
	☐ ________ mcg ☐ ________ mg ☐ ________ gram ☐ ____________	☐ IV ☐ IM ☐ SC ☐ PO	☐ Daily ☐ Weekly ☐ Monthly ☐ Every _____ Months ☐ PRN ☐ Other ____________	☐ Once ☐ One Year ☐ Other ________________ ________________ ________________ ________________

CENTRAL LINE CARE

- ☐ Use existing central line (UM Health-Sparrow Infusion Center flushes central lines with normal saline ONLY)
- ☐ Perform central line care per UM Health-Sparrow Hospital policy & procedure

To order Heparin, check below:
- ☐ FOR PORT: Heparin 500 units/ 5 ml per lumen
- ☐ FOR PICC: Heparin 250 units/ 2.5 ml per lumen
- ☐ Alteplase 2 mg IV PRN

☑ Initiate UM Health-Sparrow Infusion Emergency Protocol in the event of an allergic reaction.

Printed Provider Name: ______________________________ **Office Phone:** ________________

Provider Signature: ______________________________ **Date:** __________ **Time:** _________