

Referral Status: New Patient Updated Patient Information

CMC Infusion Center- Referral Face Sheet



Patient Name: _____ Patient D.O.B. _____

Current Height: _____ Current Weight _____

Patient Phone # (_____) _____ - _____ Gender _____

Patient Address _____

City _____ State _____ Zip Code _____

Related Diagnosis Code (ICD-10 code): _____

Referring Provider (Please Print) _____

Office Phone # (_____) _____ - _____ Office Contact: _____

If referring provider and/or patient is external to Conway Medical Center. Please include:

- Most recent history and physical including:
 - Comprehensive medication list
 - Past medical history
 - Related past/ failed therapies (with dates)
 - Known allergies
- Most recent labs / test result (Ex. CBC, PPD, Hepatitis screening, etc.)
- Insurance Information

Please fax requested documentation, face sheet, and treatment plan to **843-234-5460** attention CMC Medication Management Specialist. Please feel free to call 843-234-8575 with any questions.

We look forward to the opportunity to be a part of your patient's treatment journey at Conway Medical Center.

Referral Status New Order Change Order Renewal



Blood and Blood Products Treatment Plan

Patient Name: _____ Patient DOB _____

General

Diagnosis- _____ ICD-10 Code _____

Pt. Weight _____ Pt Height _____ Known Allergies _____

Requested Start Date ____/____/____

IV Access

PIV PICC / Midline / Port

Laboratory

- CBC without Diff
Blood, Routine, T;N, Once, CMC Lab
- PT
Blood, Routine, T;N, Once, CMC Lab
- PTT
Blood, Routine, T;N, Once, CMC Lab
- Fibrinogen Lvl
Blood, Routine, T;N, Once, CMC Lab

Pre-Medications

Acetaminophen

- 650 mg, Oral, Tab, Day of Tx
Comments: Administer 30 minutes before transfusion
- 1000 mg, Oral, Tab, Day of Tx
Comments: Administer 30 minutes before transfusion

Diphenhydramine

- 25 mg, IV Push, Injection, Day of Tx
Comments: Administer 30 minutes before transfusion
- 50 mg, IV Push, Injection, Day of Tx
Comments: Administer 30 minutes before transfusion

SOLU-Medrol

- 40 mg, IV Push, Powder-Inj, Day of Tx
Comments: Administer 30 minutes before transfusion

Furosemide

- 20 mg, IV Push, Injection, Once
Comments: Infuse at 20 mg/min.
- 40 mg, IV Push, Injection, Once
Comments: Infuse at 20 mg/min.
- 80 mg, IV Push, Injection, Once
Comments: Infuse at 20 mg/min.
- 120 mg, IV Push, Injection, Once
Comments: Infuse at 20 mg/min.

Prescriber Signature (No Stamped Signatures or Electronic Signatures)

Provider Signature _____ Provider Name (please print) _____

Date ____/____/____ Patient Name _____ Patient DOB _____

Blood and Blood Products Treatment Plan

Blood Bank

Red Blood Cells LR

- RT, 1 unit, HgB Low
- RT, 2 units, HgB Low
- RT, 3 units, HgB Low
- Crossmatch IS
Blood, Routine, T;N, Nurse collect, Order for future visit In Approximately 2-3 days
- Type and Screen
Blood, Routine, T;N, Nurse collect, Order for future visit In Approximately 2-3 days, CMC Lab

Fresh Frozen Plasma

- RT, 1 units, Bleed PT Elevated
- RT, 2 units, Bleed PT Elevated
- RT, 1 units, Bleed APTT is elevated
- RT, 2 units, Bleed APTT is elevated
- RT, 1 units, Bleed INR > 1.5
- RT, 2 units, Bleed INR > 1.5
- ABO/RH
Blood, Routine, T;N, Nurse collect, Order for future visit In Approximately 2-3 days, CMC Lab

Platelet

- RT, 1 units, Abn. Platelets
- RT, 2 units, Abn. Platelets
- RT, 1 units, PLT <50 k Bleed
- RT, 2 units, PLT <50 k Bleed
- RT, 1 units, Other _____
- ABO/RH
*Blood, Routine, T;N, Nurse collect, Order for future visit In Approximately 2-3 days, CMC Lab
Specify if irradiated needed.*

Communication Orders

- Communication Order
RN to order Hgb 30 minutes post transfusion
- Communication Order
RN to order PTT and PT/INR 30 minutes post transfusion
- Communication Order
RN to order Platelet Count 60 minutes post transfusion
- Communication Order
RN to order Fibrinogen Level 30 minutes post transfusion

Prescriber Signature (No Stamped Signatures or Electronic Signatures)

Provider Signature _____ Provider Name (please print) _____

Date ____/____/____ Patient Name _____ Patient DOB _____

Biosimilar Substitution **NOT** permitted