

# Tappahannock Cancer Care

618 Hospital Road  
Tappahannock, VA 22560  
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Tappahannock Hospital

## Outpatient Medication Infusion Referral/ Physician Orders

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

Allergies:  Latex Other Allergies: \_\_\_\_\_

Code Status: \_\_\_\_\_

### Physician Orders Medication/ Treatment

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Labs Pre-Treatment \_\_\_\_\_

Labs Post Treatment \_\_\_\_\_

#### Pre-Medications: 30 minutes prior to infusion/ treatment

Acetaminophen PO  325mg once  650 mg once

Diphenhydramine PO  25 mg once  50 mg once

Diphenhydramine IV  25 mg once  50 mg once

Solumedrol IVP  125 mg once

Other Meds: \_\_\_\_\_

Medication Name: Zoledronic Acid (Reclast)

Dose: \_\_\_\_\_ Route: IV

Duration: yearly Frequency: every 365 days

Special Instructions: labs completed within the last month with CrCl >35 ml/min. Verify patient is not taking oral biphosphonates.

**Emergency/Hypersensitivity meds per VCUHS guidelines**

Central Line Care:  Flush each line with 20 ml Normal Saline. May instill Alteplase 2 mg if needed for clotted line. May repeat X 1.

Physician Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

NPI Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\*\*\*\*\* Please make sure above information is complete. Provide a phone number we can reach provider in case of emergency. \*\*\*\*\*

