

Tappahannock Cancer Care

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Tappahannock, VA 22560
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VCUHealth™

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: _____

Dose: _____ Route: _____

Duration: _____ Frequency: _____

Special Instructions: _____

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. *****

