



Home and Community Care Support Services North West  
 961 Alloy Drive  
 Thunder Bay, ON P7B 5Z8

Services de soutien à domicile et en milieu communautaire Nord-Ouest  
 961, promenade, Alloy  
 Thunder Bay, ON P7B 5Z8

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

DOB \_\_\_\_\_ HC# \_\_\_\_\_

HOME I.V. THERAPY PROTOCOL & PHYSICIAN/NURSE PRACTITIONER PRESCRIPTION

PRIMARY DIAGNOSIS (Reason for Referral):

ALLERGIES:

LINE MAINTENANCE IV MEDICATION / SOLUTION

**\*IMPORTANT: for Vancomycin/Gentamycin include trough level frequency and MRP monitoring trough levels**

|   |                  |                       |
|---|------------------|-----------------------|
| I.V. Medication / Solution  |                  |                       |
| Dose and Frequency  |                  |                       |
| Last Dose   | Date:            | Time:                 |
| Start Date for Medication   | Date:            | Time:                 |
| Stop Date for Medication  | Date:            | Time:                 |
| Date of Next Physician/NP Assessment                                      | Date:            |                       |
| <b>*Trough levels &amp; MRP monitoring<br/>"lab requisition required"</b> | <b>Frequency</b> | <b>MRP monitoring</b> |

| Check One | Line Type       | Amount of Flush |                  | Flush Frequency  | CVAD<br><u>Line Inserter Information</u><br><br>Lumen Size and Gauge<br><br>External Length of Catheter<br><br>Date of Catheter Tip Placement<br>X-Ray |
|-----------|-----------------|-----------------|------------------|--|--|
|           |                 | Normal Saline   | Heparin 100 U/ml |  |  |
|           | Peripheral Line | 2cc             | None             | Daily  |  |
|           | Hickman         | 20 ml           | None             | Weekly   |  |
|           | PICC-Valved     | 20 ml           | None             | Weekly   |  |
|           | Port-a-cath     | 20 ml           | 5 ml             | After each intermittent use<br><br>every 3 months if TIVAD is not accessed |  |
|           | UwdeuwpqquwNlpg | 3cc             | None             | "Chgt "gcej "<br>"kpgto kwgpv'wg   |  |
|           | Other           |                 |                  |  |  |

Date: \_\_\_\_\_ Physician/NP Name: \_\_\_\_\_

Physician/NP Signature: \_\_\_\_\_

CPSO#: \_\_\_\_\_

# PHYSICIAN/NP GUIDELINES FOR ENTRY TO THE HOME I.V. THERAPY PROGRAM

To ensure that your patient receives I.V. therapy in a timely and efficient manner, be sure to complete ALL areas on this referral form. 24 hour notice may be required depending on availability of the drug, supplies and/or service provider.

Home I.V. Therapy is available to Home and Community Care Support Services North West patients as a specialized program. All patients will be assessed by a Home and Community Care Coordinator and must meet the associated eligibility criteria. As well, the following factors for eligibility to the Home I.V. Therapy Program must be considered:

- Indications for Home I.V. Therapy: Antibiotic Therapy & Hydration Therapy (i.e. palliation).
- Drug Coverage:  
Only drugs covered through Ontario Drug Benefit (ODB) or patient's insurance will be considered, unless patient is willing to pay directly for the drug.  
Note: Medications mixed by a pharmacist "under the hood" are covered.
- The initial dose of the drug is administered in the hospital and the patient remains stable.
- The patient is under the care of an attending physician/NP.
- In the event that the I.V. cannot be restarted in the home, the patient will be sent to an emergency department.
- The patient lives within reasonable distance from hospital in case of emergency.
- Patient's home environment is suitable, i.e. is clean, has running water, phone, and refrigerator for storage of antibiotics.
- Patient and/or caregiver is willing to participate in and/or learn procedure, as appropriate.

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## Home and Community Care Support Services North West Contacts

Thunder Bay, Nipigon, Geraldton, Marathon  
Tel: 1-807-345-7339  
Fax: 1-807-346-4625

Fort Frances, Red Lake  
Tel: 1-807-274-8561  
Fax: 1-807-274-0844

Atikokan  
Tel: 1-807-597-2159  
Fax: 1-807-597-6760

Dryden  
Tel: 1-807-223-5948  
Fax: 1-807-223-3943

Kenora  
Tel: 1-807-467-4757  
Fax: 1-807-468-4785

Rainy River  
Tel: 1-807-852-3955  
Fax: 1-807-852-1077

Sioux Lookout  
Tel: 1-807-737-2349  
Fax: 1-807-737-3017

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## Home and Community Care Support Services North West (Head Office)

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