

# Hospital Narcotic Infusion Therapy Referral Form

Enter "LHIN to Assess" and follow instructions on LHIN hospital posters on each hospital unit

<b>Name:</b>			
<b>Address:</b>		<b>Postal Code:</b>	
<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Date of Birth:</b>		<b>Phone:</b>
<b>HCN (mandatory):</b>		<b>Version Code:</b>	
<b>Ordering Physician (PRINT):</b>			
<b>Primary Diagnosis:</b>			
<b>Other Diagnosis Pertinent to Care:</b>			
<b>Height:</b>	<b>Weight:</b>	<b>Blood Pressure:</b>	<b>Diabetic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Allergies:</b>			
<b>IF CANCER DIAGNOSIS OR A LIFE LIMITING ILLNESS</b>			
Metastatic Spread: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:			
Ongoing Treatment: <input type="checkbox"/> Palliative <input type="checkbox"/> Curative			
Anticipated Prognosis: <input type="checkbox"/> 0 <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> Uncertain			
<b>MEDICATION</b>			
<input type="checkbox"/> Morphine <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Other:			
<b>ADDED MEDS</b>			
<b>CONCENTRATION</b>			
mg/mL (Note: The higher the concentration, the smaller the infusion volume to preserve subcutaneous routes)			
<b>ROUTE</b>			
<input type="checkbox"/> sc <input type="checkbox"/> Other: (If IV, basal rate volume must be 0.5 mL/hr)			
<b>INFUSION RATE</b>			
Minimum	mg/hr	Maximum	mg/hr
Starting			mg/hr
<b>BREAKTHROUGH BOLUS DOSES</b>			
Minimum	mg	Maximum	mg
Starting			mg
<b>BREAKTHROUGH BOLUS INTERVAL</b>			
<input type="checkbox"/> q 15 min prn	Maximum	doses/hr	<input type="checkbox"/> q min prn Maximum doses/hr
<b>RESERVOIRS</b>			
Reservoir Size	<input type="checkbox"/> 100 mls <input type="checkbox"/> Other:	ml	Total Quantity of Reservoirs <input type="checkbox"/> 10 (ten) <input type="checkbox"/> Other:
<b>DISPENSE AT EACH TIME</b>			
<input type="checkbox"/> 2 (two) <input type="checkbox"/> Other:			
<b>OTHER INFORMATION</b>			
Unless otherwise indicated, the Local Health Integration Network (LHIN) may determine frequency of treatment, arrange for teaching of patient or other reliable person and/or request assessment from other LHIN disciplines.			
<b>ORDERING PHYSICIAN/NURSE PRACTITIONER</b>			
CPSO/ CNO#:		Print Name:	
Signature:		Date:	
<b>CONTACT INFORMATION FOR ORDERING PHYSICIAN</b>			
Phone:		Fax:	
After Hours:			
<b>LAB RESULTS TO BE SENT TO</b>			
Physician/Nurse Practitioner Name:		Fax:	

<b>CELHIN Hospital Fax Lines</b>
<input type="checkbox"/> Campbellford Memorial Hospital Fax: 1-844-631-5800
<input type="checkbox"/> Haliburton Highlands Health Services Fax: 1-844-709-3779
<input type="checkbox"/> Northumberland Hills Hospital Fax: 1-844-631-5801
<input type="checkbox"/> Lakeridge Health Ajax Pickering Fax: 905-444-2524
<input type="checkbox"/> Lakeridge Health Bowmanville Fax: 1-844-631-5802
<input type="checkbox"/> Lakeridge Health Oshawa Fax: 905-444-2516
<input type="checkbox"/> Lakeridge Health Port Perry Fax: 1-844-631-5803
<input type="checkbox"/> Lakeridge Health Whitby Fax: 905-444-2518
<input type="checkbox"/> Ontario Shores Fax: 1-844-631-5803
<input type="checkbox"/> Markham Stouffville Uxbridge Site Fax: 1-844-631-5803
<input type="checkbox"/> Peterborough Regional Health Centre Fax: 1-855-444-9628
<input type="checkbox"/> Scarborough and Rouge Hospital – Birchmount Site Fax: 1-844-631-5804
<input type="checkbox"/> Scarborough and Rouge Hospital – General Campus Fax: 1-844-631-5805
<input type="checkbox"/> Scarborough and Rouge Hospital – Centenary Site Fax: 1-844-631-5808
<input type="checkbox"/> Ross Memorial Hospital Fax: 1-844-631-5806

