Ontario
North West Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Ouest

Name:_____

Address:_____

_____Phone:_____

DOB_____ HC#_____

HOME I.V. THERAPY PROTOCOL & PHYSICIAN PRESCRIPTION

PRIMARY DIAGNOSIS *(Reason for Referral):*

ALLERGIES:

☐ **LINE MAINTENANCE**

☐ **IV MEDICATION / SOLUTION**

I.V. Medication / Solution _____

Dose & Frequency _____

Last Dose Given in Hospital _____ _____
date *time*

Stop Date for Medication _____ _____
date *time*

Date of Next Physician Assessment _____
date

Check One	Line Type	Amount of Flush		Flush Frequency	CVAD Line Inserter Information
		Normal Saline	Heparin 100 U/ml		
☐	**Peripheral Line**	2cc	none	Daily	**Lumen Size & Gauge**
☐	**Hickman**	10 ml	3 ml	Weekly	**External Length of Catheter**
☐	**Power PICC Solo**	20 ml	none	Weekly	
☐	**Port-a-cath**	19 ml	5 ml	Monthly 19 ml N/S flush post blood draw	**Date of Catheter Tip Placement X-Ray**
☐	**Other**				

Date:_____ Physician Name: _____Physician Signature: _____ CPSO #:_____

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

To ensure that your patient/client 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 &/or service provider.

Home I.V. Therapy is available to CCAC clients as a specialized program. All clients will be assessed by a CCAC Community Care Coordinator and must meet the eligibility criteria for the CCAC. 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 client's insurance will be considered, unless client 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 client remains stable.
- The client is under the care of an attending physician.
- In the event that the I.V. cannot be restarted in the home, client will be sent to an emergency department.
- The client lives within reasonable distance from hospital in case of emergency.
- Client's home environment is suitable, i.e. is clean, has running water, phone, and refrigerator for storage of antibiotics.
- Client &/or caregiver is willing to participate in &/or learn procedure, as appropriate.

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