



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 Given in Hospital	Date:	Time:
Stop Date for Medication	Date:	Time:
Date of Next Physician/NP Assessment	Date:	
*Trough levels & MRP monitoring "lab requisition required"	Frequency	MRP monitoring

Check One	Line Type	Amount of Flush		Flush Frequency	CVAD <u>Line Inserter Information</u> Lumen Size and Gauge External Length of Catheter Date of Catheter Tip Placement 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 every 3 months if TIVAD is not accessed	
	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.

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

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

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