



		IV	ledical Referi	rai - Paediatric	(under 18 years of ag	ge)			
Ontario Health atHon		Paediatric Demographics							
15 Sperling Drive, Barrie, ON L4M 6K9					Name:				
Tel: (705) 721-8010 Toll Free 1-888-721-2222					Parent/Guardian Name:				
Fax: (705) 792-6270					Address:				
					City: Postal Code:				
Patients may have care in a nursing clinic and be taught their					Phone:	DOB: (yyyy/mm/dd) Sex:			
treatments based on nurses discretion.						БОВ. (ууууулг	Ver:	Jex.	
This document will be included in the Patient record.					HCN:	'- 11-1-1			
inis document will be in	•	Weight: K		nt: cm					
					Alternate Contact Name:				
Alternate Contact Phone:									
Allergies: (drug, environmental, animal, food)									
Diagnosis: (most rele	evant to care i	n communit	y)						
Diagnosis discussed with Family/Guardian Yes No Patient Yes No									
Prognosis: (Improve, Remain stable, Deteriorate, Guarded)									
riugilusis. (illiprove,	Kemam Stabi	e, Deteriora	ie, Guardeu)						
Prognosis discussed with Family/Guardian Yes No Patient Yes No									
Other Diagnosis/Presenting Problem:									
Surgical Procedure or Treatment:									
Current Medications: (attach current list) N/A					*Same day medication orders must be received by Ontario Health atHome by 1300 hrs				
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Medication to be administered	Limited Use(LU)	Dosage	Frequency	Route	Last Dose in Hospital: Date/Time	Next Dose in C Date/Time	ommunity:	Length of Therapy in Days	
	Code								
	Code								
	Code								
	Code								
IV Route Access De			Heparinizati	ion Dosing Gui	delines Reference:				
	vice:	s \Box	Heparinizati Weight	ion Dosing Gui	delines Reference:	Total volume	Minimum	Maximum Frequency	
Peripheral CVA	vice:	n 🗌				Total volume	Minimum Frequency	Maximum Frequency	
	vice:	n 🗌	Weight Less than or		Heparin Product used Dilute heparin	1mL each	-		
Peripheral CVA	vice: D single lume	n 🗌	Weight	Dose of Heparin	Heparin Product used Dilute heparin 100units/mL with		Frequency		
Peripheral CVA	vice: D single lume	n 🗌	Weight Less than or	Dose of Heparin	Dilute heparin 100units/mL with normal saline to total	1mL each	Frequency		
Peripheral CVA CVAD double lumen Implanted Vascula Type/Comment:	vice: D single lume ar Device		Weight Less than or	Dose of Heparin	Heparin Product used Dilute heparin 100units/mL with	1mL each	Frequency		
Peripheral CVA CVAD double lumen Implanted Vascula Type/Comment: Is there Radiological co	vice: D single lume ar Device onfirmation o	f tip	Weight Less than or equal to 10kg	Dose of Heparin 10 units/kg	Dilute heparin 100units/mL with normal saline to total volume of 1 mL	1mL each lumen	Frequency Every 24 hours	Three times daily Three times per day if patient is receiving a	
Peripheral CVACVAD double lumen Implanted Vascula Type/Comment: Is there Radiological coplacement of new cen	vice: D single lume ar Device onfirmation o tral line?	f tip	Weight Less than or equal to 10kg Greater than	Dose of Heparin 10 units/kg	Dilute heparin 100units/mL with normal saline to total volume of 1 mL	1mL each lumen	Frequency Every 24 hours	Three times daily Three times per day if patient is receiving a systemic anti-	
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