



**Pruitt Health**  
Committed to Caring

## Home Infusion Pharmacy

Phone: 678-533-6459 Fax: 770-500-1115

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_ IV Access: \_\_\_\_\_ Lumens: \_\_\_\_\_

Nursing: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Orders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cathflo Activase 2mg IV may repeat 1X as needed for catheter clearance

First Lifetime Dose Y / N      Anaphylaxis Kit \_\_\_\_\_

Lab Orders: \_\_\_\_\_

\_\_\_\_\_

Lab Draw Flushing Protocol: 5CC NS pre blood draw; 20cc NS post blood draw; 5cc Heparin 10 units/ml if required.

Catheter Patency Maintenance: \_\_\_ SASH Technique \_\_\_ SAS Technique

Saline \_\_\_\_\_ ml    \_\_\_ Heparin \_\_\_\_\_ units/ml    \_\_\_ Other: \_\_\_\_\_

SOC Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_