

T: 832.939.8137**Address: 12144 Dairy Ashford Rd., Suite 100,
Sugar Land, TX 77478****F: 832.939.8128****PATIENT INFORMATION**

Patient Name: _____ Social Sec #: _____ Height: _____ lbs Weight: _____ lbs
D.O.B: _____ Sex: Male _____ Female _____ IV Access: _____
Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____

**INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S), FRONT AND BACK
MEDICATION ORDERS & DIAGNOSIS**

Days per week: _____

☐ Cyclic: Infuse over _____ hours (Taper up and down x1 hour) ☐ Continuous (24 hours/day)

Diagnosis: _____ ICD-10: _____

MACRONUTRIENT COMPONENTS☐ Clinimix _____☐ Custom Formula

Amino Acids 5%/Dextrose 15%

Amino Acids 4.25%/Dextrose 10%

Amino Acids (4 kcal/gm) _____ %

1490 kCal

1020 kCal

Dextrose (3.4 kcal/gm) _____ %

(Recommended for patients >65 kg)

(Recommended for patients <65 kg)

Volume (excludes lipids)

Lipids (20%):☐ 250 ml/day (500 kcal/day)☐ _____ ml/day☐ Daily☐ Twice Weekly☐ Three times Weekly☐ Other: _____**Electrolytes:** ☐ Standard☐ Custom (specify amount of each electrolyte)

- Sodium 35 mEq/L
- Potassium 30mEq/L
- Magnesium 5mEq/L
- Calcium 4.5 mEq/L
- Phosphate 15mMol/L
- Acetate 80 mEq/L
- Chloride 39 mEq/L

- Na: _____ mEq (60 - 100 mEq)
- K: _____ mEq (60 - 100 mEq)
- Mg: _____ mEq (10 - 20 mEq)
- Ca: _____ mEq (9 - 18 mEq)
- Phosphate: _____ mEq (20 - 30 mEq)
- Acetate: _____ mEq (0 - 100 mEq)
- Chloride: _____ mEq

Additives: Check all required additives and specify amount☐ Multivitamin (MVI - 12)*☐ 10 ml/day

* To be added immediately before administration

☐ Trace Elements**:☐ 1 ml/day

** Trace elements per 1 ml:

☐ Regular Insulin*: _____ units/day

• Zinc 5mg

☐ Famotidine*: _____ mg/day

• Copper 1mg

☐ Ranitidine*: _____ mg/day

• Manganese 0.5mg

☐ Other: _____

• Chromium 10mcg

• Selenium 60mcg

☐ Clinical Pharmacist to monitor labs and adjust formula as needed

- Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion
- Flush line with D5W, 0.9% NaCl and/or Heparin 10 u/ml or 100 u/ml per infusion Solutions protocol
- Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio)
- Infusion Reaction Management per Infusion Solutions Protocol are needed

Labs:

☐ CBC with Diff ☐ weekly ☐ every _____
☐ CMP ☐ weekly ☐ every _____
☐ Magnesium ☐ weekly ☐ every _____
☐ Phosphorus ☐ weekly ☐ every _____
☐ Pre-albumin ☐ weekly ☐ every _____
☐ Other: _____ ☐ weekly ☐ every _____

Blood Glucose Monitoring:

☐ Twice daily (for continuous infusion)
☐ 1 hour before infusion (for cyclic infusion)
☐ 2 hours into infusion (for cyclic infusion)
☐ With routine labs (if stable)
☐ Other: _____

PHYSICIAN INFORMATION

By signing this form and utilizing your services, you are authorizing DeliverIT Pharmacy and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Date: _____ Phone: _____

Physician Name: _____ Contact Person: _____ Fax: _____