



Oak Valley Health Chemotherapy Medical Orders

*Required Fields

Patient Identification

Diagnosis	Allergy:	
Venous Access	<input type="checkbox"/> PIV <input type="checkbox"/> PICC <input type="checkbox"/> Port-a-Cath <input type="checkbox"/> Access Port-a-Cath Gripper Needle: <input type="checkbox"/> 3/4 inch 20 G <input type="checkbox"/> De-access and flushing protocol attached or as per provider agency protocol	
Medication	*Drug to be De-accessed:	
	*De-Access Date/Time : _____ hrs (dd-mmm-yyyy)	
	Flushing Protocol : <input type="checkbox"/> Port Flush: Flush with 10 to 20 mL 0.9% sodium chloride (Normal Saline). Lock with 5mL (500 units) Heparin lock flush 100 units/mL intravenously, after access and monthly if not in use. <input type="checkbox"/> PICC Flush: Flush each lumen with 10 to 20 mL 0.9% sodium chloride (Normal Saline). Each lumen locking solution 3 mL heparin – 100 units/mL concentration (300 units). Flush and lock each lumen after access and every 7 days if not in use.	
	<input type="checkbox"/> IV Hydration : <input type="checkbox"/> Pump <input type="checkbox"/> Gravity Solution : <input type="checkbox"/> Normal Saline <input type="checkbox"/> 2/3 & 1/3 1 L over _____ hours DAILY for _____ days.	
	<input type="checkbox"/> Supportive Care Medication: <input type="checkbox"/> IV Medication Name _____, _____ mg IV Frequency : <input type="checkbox"/> DAILY <input type="checkbox"/> BID Duration : _____ days. Date / Time administered in Hospital: _____ Date / Time for Next Dose: _____ <input type="checkbox"/> Injection Drug Name: _____ Dose: _____ Start Date: _____ Other: _____	
Wound Care	<input checked="" type="checkbox"/> Change dressings as required when wet or soiled	
Other Services	<input type="checkbox"/> PSW <input type="checkbox"/> OT <input type="checkbox"/> PT _____	
*Physician/Nurse Practitioner Information	PRINT NAME: _____	
	*OHIP Billing #: _____	
	*Signature: _____	
	Date: _____ (dd-mmm-yyyy)	
Hospital: Oak Valley Health		
*Phone Number: 905-472-7373		*Fax Number: 905-472-7046

Please Note: This form needs to be faxed after sending the referral in Resource Matching and e-Referral (RM&R)