Legacy Day Treatment Unit
Provider’s Orders

Adult Ambulatory Infusion Order
BLANK TEMPLATE

Patient Name: ____________________________
Date of Birth: ____________________________
Med. Rec. No (TVC MRN Only): ________________

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE

Anticipated Start Date: _____________

Patient to follow up with provider on date: _____________

***This plan will expire after 365 days, unless otherwise specified below***

Orders expire: ________________

Weight: _____________kg        Height: _____________cm

Allergies: ________________________________

Diagnosis: ____________________________

Diagnosis Code: ________________

GUIDELINES FOR PRESCRIBING:

1. Send FACE SHEET, INSURANCE CARD and most recent provider chart or progress note.

LABS TO BE DRAWN (orders must be placed in Legacy or TVC Epic by ordering provider if Legacy or TVC provider):

☐ Basic Metabolic Set, Routine, every _____(visit)(days)(weeks)(months) - Circle one
☐ Comprehensive Metabolic Set, Routine, every _____(visit)(days)(weeks)(months) - Circle one
☐ CBC with differential, Routine, every _____(visit)(days)(weeks)(months) - Circle one
☐ Other: ________________________________

LINE CARE ORDERS:

☐ Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters.

PRE-MEDICATIONS:

☐ ________________________________

☐ ________________________________

☐ ________________________________

MEDICATIONS:

☐ ________________________________

☐ ________________________________

☐ ________________________________

Last updated 2/2024
PRN-MEDICATIONS:

☐ 

☐ 

☐ 

IV FLUIDS:

☐ NaCl 0.9% ______ mL IV over ______ minutes

☐ Other: __________________________________________

Frequency of visits: __________________________________________

Please check the appropriate box for the patient’s preferred clinic location:

☐ Legacy Day Treatment Unit – The Vancouver Clinic Building
  A department of Salmon Creek Medical Center
  700 NE 87th Avenue, Suite 360
  Vancouver, WA 98664
  Phone number: 360-896-7070
  Fax number: 360-487-5773

☐ Legacy Emanuel Day Treatment Unit
  A department of Emanuel Medical Center
  501 N Graham Street, Suite 540
  Portland, OR 97227
  Phone number: 503-413-4608
  Fax number: 503-413-4887

☐ Legacy Salmon Creek Day Treatment Unit
  Legacy Salmon Creek Medical Center
  2121 NE 139th Street, Suite 110
  Vancouver, WA 98686
  Phone number: 360-487-1750
  Fax number: 360-487-5773

☐ Legacy Silverton STEPS Clinic
  Legacy Silverton Medical Center
  342 Fairview Street
  Silverton, OR 97381
  Phone number: 503-873-1670
  Fax number: 503-874-2483

☐ Legacy Woodburn STEPS Clinic
  Legacy Woodburn Health Center
  1475 Mt Hood Ave
  Woodburn, OR 97071
  Phone number: 503-982-1280
  Fax number: 503-225-8723

Provider signature: _______________________________  Date/Time: _______________________________

Printed Name: _______________________________  Phone: _______________  Fax: _______________

Organization/Department: _______________________________